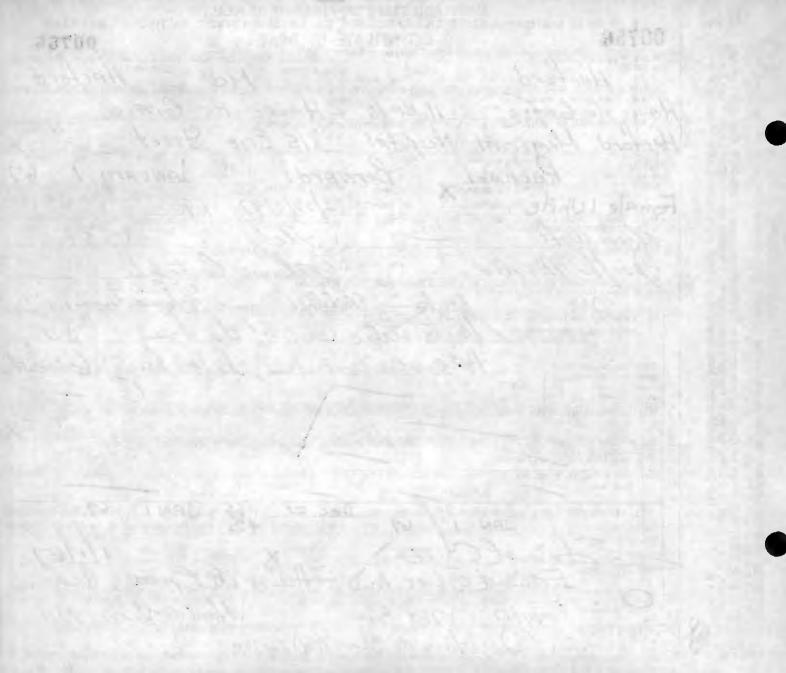
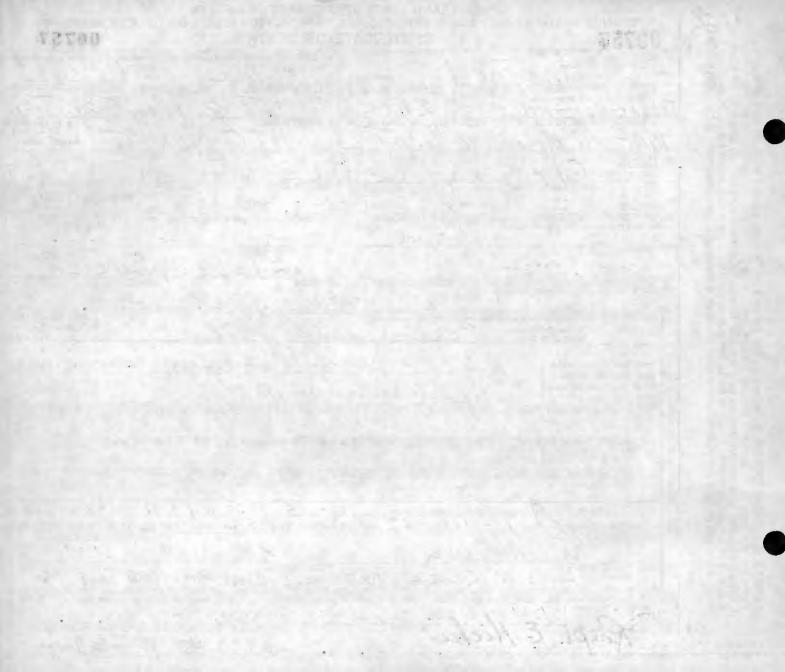
**DIVISION OF STATISTICAL RESEARCH** RESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Fune I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY b. COUNTY by the and 2 death. HARFORD MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nagrast town) BERDEEM filled in Pages 1 ABERDEEM d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? ED#2-1304 YES NO papers. in 72 hou completely 3. NAME OF Middle 4. DATE Month Yaer DECEASED event, within 7 (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED physician and last birthdey) Months WIDOWED I DIVORCED гетоу 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | (1, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) 4.5.A. HOME 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 2 attending Then EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT removal (If yes give wer or dates of service) the hospital or attending pure the hospital or attending the hospital has been signed by the transit permit. I that 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BOOLS Conditions, if any, which gave rise to immadiata cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE ATED TO THE TERMINA DITEMBE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? this cerum NO Y 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20d. INJURY OCCURRED I 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, ferm, ! (State) Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., atc.) Hour a.m. ŏ et work at work may be retaine DIRECTOR: 3 should be de 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive and any 2 3 19.6. and that death occurred .M, from the causes and on the date stated above 22a SIGNATURE: MED. PHYS. DIRECTOR death. Page 4 M.D. HOSPITAL page with th 22d. ADDRESS PHYSICIAN'S NAME (Type ABECDEEN filed \ 23e. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, fown or county) (State) REMOVAL" (Spacify) る。 HURCHILLE /RESBY/ERMI HARFORD 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charley

Ratou Alley Statement Sur Bertane El Top De Re Literatural Come Hopeler Wilmit

1	1(M)	1	MARYLAND STATE DEPARTMENT OF HEALT	H	
dictions of	702	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREE  CERTIFICATE OF DEATH	00756	
Beat	funeral and 2 death.	1.		ceased lived, If institution: Residence before admis	ssion)
after	the fast 1	_	HARTOND MARYLAND MC	porate limits, write RURAL and give nearest to	(mum)
5	Page urs a	1	write RURAL, and glya nearest town)	1 101	O WII)
hours	ed in ers. 72 ho	17	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	0. IS RESIDE ON A FAR	ENCE M?
42	hin pap		Artord Memorial Nospital 815 Grie	Street YES NO	X
withi	n and completely filled in by the e remove carbon papers. Pages 1 In any event, within 72 hours after	3.	NAME OF DECEASED  First Middle Regulard ( DEATH OF DEATH	1 /	7
ted	comp even	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH 1898   9.	AGE (In years   IFUNDER 1 YEAR   IFUNDER 24	4 HRS
ect	and remo	E	emale White   WIDOWED   DIVORCED   2/22/1897, 1	6/4/68 yrs.	MITH!
be	sician lease and In	dur	a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State INDUSTRY)	COUNTRY?	
cate	physician n please r val, and in	13	FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME	2 1 2 1	
ertif	nding phys Then ple r removal, a	15	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT	estable	
The law requires that the death certificate be executed within	the attending it permit. The nation, or rem	(Yi	(MAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (1) (1) yes give war or dates of service)  Methodol Because deceases	Special Lines Ma 10	70
le de	d by the a ransit per cremation,		18. CAUSE OF DEATH [Enter only one cause por line for (a), (b), april (c).]	INTERVAL BETWO	EEN ATH
at th	ician. led by transi i, crem		PART I. DEATH WAS CAUSED BY: Melastatic Ca. Of the	Tram 11 day	
es th	physician n signed l burial-trai burial, cr		Conditions, If any, which DUE TO Aclena Car Cinoma les	It leng Column	the
eđuli	ding p been the by or to b		cause (a), stating the DUE TO		
Jaw F	ttendii has be as th prior	No	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME	PSY
The	or at cate he use ealth	ICAT		YES NO	
PHYSICIAN:	be retained by the hospital or attending physician. INECTOR: After this certificate has been signed by ge 3 should be detached for use as the burial-trans ed with the State Dept. of Health prior to burial, cre	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Exter nature of Injury in P. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	art I or Part II of Item 18.)	
HYSI	d by the hosp After this cel be detached State Dept. o		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f.	(City or town) (County) (Sta	ite)
2	After After d be d State	MEDICAL	p.m. 19 at work at work	10.1.1	
EN	ECTOR: A 3 should with the		21. I certify that (I) (this hospital) attended the deceased from Dec. 21, 1966, to saw the deceased alive on JAN 1, 1967, and that death occurred at 2,4M, fr		
	/ be retaine DIRECTOR: ge 3 shoul led with the		22a. SIGNATURE	STAFF 22b. DATE SIGNED	
AL O	L Dil page filed	-	22c. PHYSICIAN'S DIRECTOR 1	PHYS. UI 1/16/	-
TIGS	age 4 ma FUNERAL Frector, p nould be f		NAME (Type) Edward C. LOO, M.D. Havre all	Eprace, and.	
9	Page 4 may be to FUNERAL DIRE director, page 3 should be filed v	23	a. (BURIAN, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. KI	OCATION (City, town or county) (State	0)
	ak.	2	4. FUNERAL DIRECTOR ADDRESS ADDRESS 25a. REC'D BY REGI	The state of the s	
	VR A15 (4) 15M 4-64	4	Kinnington & In Have de Glace Md. DATE JAN 5	1967 Policales Judge	
				U 1/ U	



1 19		DIVISION OF STATISTICA	L RESEARCH AND RECORDS	'AKIMENI UF HEALIH . 301 W. PRESTON STREET. E	BALTIMORE 1, MARYLAND
		00757	CERTIFICATI		00757
er death.  I and 2 tex death.	1.	PLACE OF DEATH	ORd. MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE	b. COUNTY CC (
hours after 1 in by the f s. Pages 1 hours after	110	b. CITY OR TOWN (If outside corporate write RURAL and give nearest town)	LARS.	c. CITY OR TOWN (if outside corporated)	e limits, write RURAL and give nearest town)
in 24 hour y filled in papers. I thin 72 hou	4	arFord Memon	ejal Hospilal	1186. MA	9. IS RESIDENCE ON A FARM? YES NO !
executed within 24 hours and completely filled in by remove carbon papers. Pag	3.	NAME OF DECEASED First Crype or print) C C C C SEX   6. COLOR OR RACE   7	ora Mas of	Last 4. DATE OF DEATH 3. DATE OF BIRTH 9. AG	Month Day Year  // 19 6 7  E (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
execute and co remove rany ev	Fe	male !/hite	WIDOWED DIVORCED J	3. DATE OF BIRTH 9. AG las ULT 1 1894 77	2 yrs.   Months Days Hours Min.
ysician please	S	USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) aleslady FATHER'S NAME	Noolworth	Maryland  14. Mother's Maiden NAME	U.S,A.
at the death certificate be execular.  In the attending physician and ransit permit. Then please remore cremation, or removel, and in any		John T. Lilley WAS DECEASED EVER IN U.S. ARMED FORCE	ES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	1, Sarah.
death (e atter permit.	(Ye	, no, or unkown) (If yes give war or dates of se	rvice) C1	fford B. Biles.	Elkton, Md.
that the sician. Sician. Shed by the al-transit al, cremat		18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cartiallas	ulas failus	INTERVAL BETWEEN ONSET AND DEATH 30 Mm
law requires that i attending physician has been signed t e as the buria-tra n prior to burial, cre		Conditions, if any, which gave rise to immediate	( I) H (VO)	ehraf Hemorkay	remassive 2 hrs.
The law requires or attending phy ate has been significant use as the burificalth prior to burification.	Z.	cause (a), stating the DUE TO underlying cause last. (c)	pyperferision	H.C.V.D	MISIVEN INPART (a) 19. WAS AUTOPSY
CIAN: The landspiral or at certificate had for use to fleath	CERTIFICATION			RRED. (Enter nature of injury in Part I	PERFORMED? YES NO NO
PHYSICIAN: The law requires that to the hospital or attending physician, r this certificate has been signed by detached for use as the burial-trante Dept. of Health prior to burlal, cre	9	20a. ACCIDENT WAS UNDERLYING DON'T CONTRIBUTING DAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE)			
Me ffe by Stat	MEDICAL	20c. TIME OF INJURY Month, Day, Ye. Hour a.m. p.m. 19	ar 20d. INJURY OCCURRED 20e. PLA While Not While at work at work	CE OF INJURY (Home, farm, 20f. (City ry, street, office bidg., etc.)	
OR ATTENDI y be retained DIRECTOR: A age 3 should ifed with the		21. I certify that (I) (this hospits saw the deceased alive on	al) attended the deceased from 1967 and that	death occurred at 5 12 M, from t	he causes and on the date stated above
		22a. SIGNATURE	tura M.D		STAFF 1/11/67
TO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page should be filed to	024	NAME (Type) L U 15 N	1. CUZA M.D EREOF 123c. NAME OF CEMETERY	322 E. Cecil are	ON (City, town or county) (State)
To Paging Sho	238	BURIAL CREMATION, 23b. DATE THE REMOVAL (Specify)	7/ St. Mary Ann	ne's Cemetery, No	orth East, Md.
VR A15 (4)	24	icks Home for Fu	nerals, Elkton, I	25a. REC'D BY REGISTRA  DATEAN 13 196	7 Scharles Judge
15M 4-64	-				



1 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
£ 70%			758
after death.  the funeral ges 1 and 2 after death.	1.	a. COUNTY TORTORD MARYLAND B. STATE M. b. COUNTY HO	relord
rs after by the Pages 1 urs after	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pagrest town)  C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give pagrest town)	id give nearest town)
completely filled in by ve carbon papers. Page event, within 72 hours	+	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
thin thin within	3.	NAME OF DECEASED A First Middle Last 4. DATE Month	YES NO NO Day Year
uted wift complet ove carb event, v	L	(Type or print) WILLIAM CIOSED IN 4 105/16 DEATH	11 1967
er be executed within spicial and completely blease remove carbon, and in any event, with	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER/MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDERLY Months Day Months Day Months Day Months Day No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ays Hours Min.
And the same of th	10 du	J. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRT HPLACE (County & State, or foreign country)   12. CITI	IZEN OF WHAT
physician physician please val, and in		FATHER'S NAME 14. MOTHER'S MAIDEN NAME	OKIZ'Y'
tifica ng ph hen nova	1	HOSEPH BOSTIC HANNAH MAIN	
requires that the death certificate ding physician. been signed by the attending phy the burial-transit permit. Then pirt to burial, cremation, or removal,	1! (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address es, and or unknown)   (  f yes tive war or dates of service)	
deat ne at perm tion,	_	A LA I LET A SISTEM NAME IN THE OF CANA	
the n. by th ansit remal		TART I, DEATH WAS CAUSED DT: 1 CD 1/2 (A AT) CO	INTERVAL BETWEEN ONSET AND DEATH
that sicia gned al-tra ial, ci		33/X DUE TO	-
g phy g phy en si buri		Conditions, if any, which gave rise to immediate (b)	
red anding s bee s the for to		cause (a), stating the OUE TO underlying cause last. (c)	
ilCIAN: The law requires that the death certificate boospital or attending physician.  certificate has been signed by the attending physicial of or use as the burial-transit permit. Then please at of Health prior to burial, cremation, or removal, and it is a second or the second of	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept. or Health prior to burial, creating the state Dept. or Health prior to burial, creating the state Dept. or Health prior to burial, creating the state Dept. or Health prior to burial, creating the state Dept. or Health prior to burial, creating the state Dept. or Health prior to burial, creating the state Dept. or Health prior to burial, creating the state Dept.		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Page 4 may be retained by the hos prince of pr	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 4 P.m. 19 At work at work 19 At work	ty) (State)
ATTENDING retained by CTOR: After should be vith the Stat		21. I certify that (I) (this hospital) attended the deceased from 12-22, 1966, to 1-11, 1967	Z, that (I) (we) last
ATT reta reta 3 sho with		saw the deceased alive on 1/1/ 19 67, and that death occurred at 7. FM, from the causes and on the 22a. SIGNATURE 22b. DAT	TE SIGNEO
DIRE DIRE		M.D. ATTENDING MED. STAFF   1/1	2/67
TO HOSPITAL Page 4 may O FUNERAL director, pa should be fil	_	22c. PHYSICIAN'S NAME (Type) Duckey Phillips mi) DARINGTON, In 2 2103.	1
Pag Pag TO Fi	23	8. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count DARLINGTON)  DARLINGTON	D1-
VR A15 (4)	2	A. AUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
15M 4-64	=	John A. Harem, DELTA, TA. DATE ONIT I DOT	0 0

U

\$17HITERS HANNAH MANNAH 117= 14 AND THE TENNER WIND TENNER TO STILL PROPERTY OF THE DM RETERIORET MOTORLINE THE HILL SANDE THE STURE OF SAFERED IN which I'VE WARE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00759 CERTIFICATE OF DEATH 00759 and 2 executed within 24 haurs after death funeral 1 and 2, USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Harford Harford Maryland MARYLAND papers. Pages 1 hin 72 haurs after filled in by the fun papers. Pages 1 b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Aberdeen Proving Ground DOA Aberdeen d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Box 24-A Northeast Rd. Kirk Army Hospital YES NO 3 3. NAME OF Middle 4. DATE First Dov please remave carban Year event, wit Last DECEASED WILLIAM C. BRINEGAR 23 67 January 19 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs Male White and in any WIDOWED DIVORCED physician ond 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired).
For eman-Heavy COUNTRY? Sect. U.S. Govt. Wilkes Co.. requires that the death certificate 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys ar removal. Brinegar Clyde Taylor William K. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, grunknawn) (If yes give war ar dates af service)

WW — T T 16. SOCIAL SECURITY NO. 17. INFORMANT permit. 238-22-7 Brinegar. Aberdeen, Maryland WW-II Van crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause as the be retained by the haspital ar attending this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Health | far use NO XX YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Not While 19 at wark ot wark DIRECTOR: After pe 19 (7) that (1) (we) last that (1) (this Hospital) attended the defeased from and that death accurred at 1:50M, Rom causes and an the date stated above. 19 3 saw the edsed alive an 22b. ADATE SIGNED 22o. SIGNATUR ATTENDING M.D. PHYS. DIRECTOR PHYS. director, page shauld be filed ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) Law Street. Aberdeen. Peter Rodman 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (State) 23b. DATE THEREOF (County) 23a. BURIAL CREMATION. REMOVAL (Specify)
Removal Carolin Whitehead, North Jan. Whitehead Cemetery 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR Tarring FUNERAL DIRECTOR Pulleral Home VR A15 (4) 20 M 1/66 Aberdeen, Md. DATE JAN

STORE WAS SO MANUAL And the state of t AND SERVICES TO THE Teligral new vill Charlet Service 3 EN SELL (FEE DE) and a second that the same and are the great address. who could be a section of the sectio THE PARTY OF THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY. and the state of t The contract of the contract o

		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
The state of the s	V	00760 CERTIFICATE OF DEATH 00760	
	funeral and 2 and 2 r death	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admit	ssion)
	after y the f ges 1 s after	A arkard Maryland Maryland Harford	and a
	rs al by t Page Irs a	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	(nwo
	hours d in b rs. Pa 2 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital/give street address) d. STREET ADDRESS Je. IS RESIDI	
	fill gape	Citizens Neusing Home 612 S. Union ave. YES NO	RM?
	uted within 34 completely fill bye carbon pap	3. NAME OF DECEASED FIRST Middle Last 4. DATE Month Day Year	
	od wood	(Type or print) Cligateth 6. 13 Nown DEATH /1/ 196	7
	xecute and co	Jast birthday) Months Days Hours	Min.
		10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or fereign country)   12. CITIZEN OF WHAT   during most of working life, even if retired   NDUSTRY   COUNTRY?	
	d See D	Housewife Housewife Starfood County, Md. U.S.A.	
	certifilate nding physi Then ples removal, w	13. FATHER'S NAME	
	certi nding . Th	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address 612 S. Linuan C	Des
	The law requires that the death certificate be executed within or attending physician. The attending physician and completely cate has been signed by the attending physician and completely ruse as the burial-transit permit. Then please remove carbon is eaith prior to burial, cremation, or removal, and it any event, with	(Yes, no, or unknown) (If yes give war or dates of service) 212-16-2749A Mrs. Matel 6. 2tort Stave de Grace m	1.
	the tree it pe	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETW ONSET AND DE	EEN
	First the cian. The cian. The cian. The cians of the circumstiff of th	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatises with Cranial Involvement	
	ires that physiciar n signed   burial-tra burial, cr	Conditions, If any, which \ (b)	
	requires ding ph been si the bur to bur	gave rise to Immediate	
	law reintrendir has be as th prior	underlying cause last. (c) Carcinoma of the Colon	
	FIVILCIAN: The law requires that the hospital or attending physician, this certificate has been signed betached for use as the burial-transe Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTO PERFORME YES NO NOT CONTRIBUTING CONTRIBUTI	ED?
	CIAN: The lassificate of at certificate of the last of	YES NO 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.)	
	IVEICIAN: ne hospita this certifi etached fo Dept. of H	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	he hos this ce letache oept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sta	te)
	NG by Stat	p.m. 19 at work at work	
	retained retained CTOR: A Should vith the S	21. I certify that (I) (this hospital) attended the deceased from 10/18, 1966, to 1/17, 1967, that (I) (we)	
	reta reta ccro sho	saw the deceased alive on 1/6 1967, and that death occurred at 2:20AM, from the causes and on the date stated at 22a. SIGNATURE / 22b. DATE SIGNED	oove.
	TAL OR ETTENER hay be retained AL OIRECTOR: A page 3 should filled with the	George J. Stansbury, M.O. ATTENDING MED. STAFF DIRECTOR PHYS. 1/19/67	
		22c. PHYSICIAN'S 22d. ADDRESS	
	Page 4 may O FUNERAL director, pi	23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) (State	e)
	1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	BEMOVAL (Specify) Jan. 21 1967 asbury mitted Lan. Churchorly Herbord G. M.	nd
	60	24. FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	VR AIS (4) 20M 1/65	Otelia & Billock, Havre de Groce, Mr. DATE JAN 23 1967 fcharles Judg	<b>&amp;</b> =



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00761 CERTIFICATE OF DEATH ond completely filled in by the funeral. remove corbon papers. Pages 1 ond 2 in ony event, within 72 hours after deoth. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH a. STATE Maryland b. COUNTY a. COUNTY Harford Harford MARYLAND law requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) write RURA, and give negrest town) vears Edgewood Edgewood e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 2016 Armstrong Street 2016 Armstrong Street YES NO X NAME OF Middle 4. DATE Fiest Year DECEASED DEATH JANUARY ANTHONY BURBAR 1067 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Manths Hours Male White March 25,1897 WIDOWED DIVORCED 12 CITIZEN OF WHAT KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) IDa USUAL OCCUPATION (Give kind of work done 1Db during most of working life, even if retired) COUNTRY icion o INDUSTRY Sima, Russia USA -Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anthony Burbar Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Adaress Edgewood, Md. (Yes, na, ar unknown) (If yes give war or dates of service) o Mrs. A. Ellen Burbar. 2016 Armstrong St. 215-24-6948 Yes WWI and WWII cremotion, 18 CAUSE OF DEATH (Enter any one cause per line far (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit is burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardiac failure IMMEDIATE CAUSE (a) DUE TO 5 years Canditions, if any, which gave Pulmonary heart disease nse to immediate cause (a), DUE TO stating the underlying cause Poge 4 may be retained by the hospital or ottending OF EUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detoched for use os the about he filed with the State Dept. of Health prior to 20 years last. Pulmonary emphysema WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO XX None 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICA, EXAMINER) 20d. INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m factory, street, affice bldg., etc.) Nat While at wark at work .... 2). Teertify that (1) /this ligspitally attended the deceased from\_ April 66 to January, 19 67, that (1) (we) last sow the deceased alive on 16 December 1966, and that death occurred at 4:00 MA from causes and on the date stated above. 22b. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. 22d ADDRESS Army Hospital, APG, Md. 22c PHYSICIAN RONALD M. SEVERINO, CAPTAIN, MC NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION 23b. DATE THEREOF Va. Ft. Mver REMOVAL (Specify) Jan. 9.1 Arlington National Buria] 25b. REGISTRAR'S SIGNATURE BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral, death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY and completely filled in by the f emove carbon papers. Pages 1 any event, within 72 hours after Maryland Harford hours after Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air Aberdeen Proving Ground e. IS RESIDENCE DN A FARM? d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Kirk Army Hospital 143 Thomas NO X St. YES executed within NAME OF DATE First Middle Month Last DECEASED DF Allen 1967 DEATH (Type or print) CHANDLER .Tan Robert AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH NEVER MARRIEDY X 7. MARRIED WIDOWED DIVORCED 31 January 66 White Male = 10a, USUAL OCCUPATION (Give kind of work done. 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician in please r during most of working life, even if retired) INDUSTRY COUNTRY? and N/A USA Harford, Maryland None certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, been signed by the attending the burial-transit permit. Then is to burial, cremation, or remov Bonnie C. Fuller Andrew L Chandler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) Same as above Father INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), I PART I. DEATH WAS CAUSED BY: or attending physician. Davs Dehvdration IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Vomitting gava risa to immediate DUE TO cause (a), stating the 5 this certificate has the detached for use as the Dept. of Health prior underlying cause last. Pneumonia as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? NO X YES the hospital DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 120e, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) factory, streat, officebldg., etc.) ø Hour a.m. Not While While OR ATTENDING I I FINERAL DINECTOR After director, page 3 should be cabould be filed with the State at work at work 19 67\_ to\_ 19 67, that (I) 4 Jan 4 Jan 21. I certify that (I) (MANAGEMEN) attended the deceased from. and that death occurred at 9:00 M. from the causes and on the date stated above. saw the deceased alive on 4 Jan 1967 22b. DATE SIGNED SHATURE 22a. MED, DIRECTOR STAFF Page 4 may P PHYS. TO FUNERAL ADDRESS 22c. PHYSICIAN'S NAME (Type) Kirk Army Hospital, APG, Md. 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Memorial Air Gardens Bel Air, Maryland Jan. 6 Bel Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 24. Funeral Tarring 1967 VR A15 (4) JAN Aberdeen. Md. DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY physician and completely filled in by the fin please I make I pages I wal, and the and event, within 72 hours after 24 hours after Artord MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AV d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS **1S RESIDENCE** ON A FARM? ND 3 YES executed within NAME OF 3. Middle DATE Month Day Last DECEASED (Type or print) ÖEATH A 0 MOLL ANUAC 196 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS Last birthday) Months Days Hours Min. 9, 7. XORDOGO NEVER MARRIED August 14. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY The law requires that the death certificate be or attending physician. COUNTRY? Harford Co., Maryland Farm 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal Moses P. Coe Elizabeth Butler Address Abingdon, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((fixes pive war or dates of service)) 16. SOCIAL SECURITY ND. | 17. INFORMANT been signed by the attent the burial-transit permit. Mrs. Walter R. Famous, 3108 Old Phila Rd. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN DNSET AND DEATH PART I. GEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. ofter this certificate has be detached for use as State Dept. of Health prior CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY PERFORMED? YES NO T3 the hospital 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) WEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Not While be retained by at work at work p.m. T 1967. to JAN director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from JAN , and that death occurred at 12 M, from the causes and on the date stated above. 1967 saw the deceased alive on. 22b. OATE SIGNED 22a. SIGNATURE MED. Jan. 1967 TO HOSPITAL C Page 4 may 1 M.O. PHYS. ADDRESS PHYSICIAN'S 22d. NAME (Type) 11orcon BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) W(State) 23a. REMOVÁL (Specify) Jarrettsville Cemetery Jarrettsville, Harford Co.Mo Jan.16 Burial FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTBAR'S SIGNATURE ADDRESS VR A15 (4) Howard K. McComas & Son, Abingdon, Md. 21009 DATE 15M 4-64

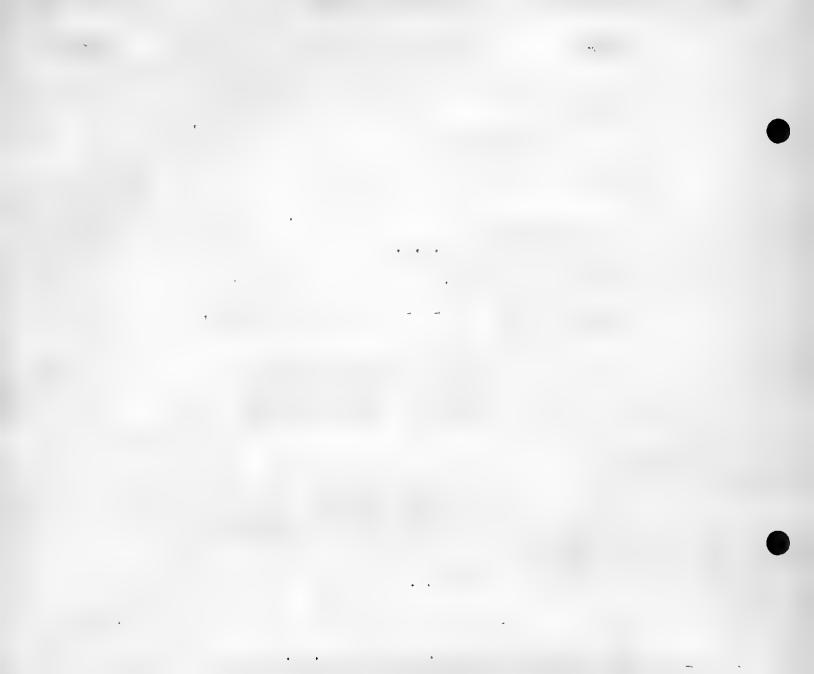


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00764 CERTIFICATE OF DEATH 00764 physician and completely filled in by the funeral n please remove carbon papers. Pages 1 and 2 val, and in any event, within 72 hours after death. death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO [ YES !\_! executed within NAME OF 3 Middle DATE Month Day Last DECEASED OF DEATH (Type or print) A13:5 19 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 9. 8. 7. MARRIED NEVER MARRIED last birthday) Months i Davs Hours Feb. 25.1901 65 WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Home Housewife Richmond Virginia USA certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME been signed by the attending pithe burial-transit permit. Then to burial, cremation, or remova FrankMareck  ${\it Bessie}$ Estes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Woodland (Yes, no, or unknown) I (If yes nive war or dates of service) (Drive Bel Air, Md. No Mrs Jean D INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) that the ONSET AND DEATH Ď DEATH WAS CAUSED BY: 664 C physician. IMMEDIATE CAUSE (a DUE TO reduires Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the cause 9 underlying cause last, as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? this certificate detached for use NO IT allower YES the hospital DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part/II of Item 18.) 20a, ACCIDENT WAS UNDERLYING of OR CONTRIBUTING | CAUSE-OF DEATH Dept. (IF EITHER, NOTLEY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) Page 4 may be retained by the TO FUNERAL DIRECTOR: After the director, page 3 should be de should be filed with the State I be de State factory, street, office bldg., etc.) Hour a.m. Not-While While ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on @ cm. / 60:19 6 7 and that death occurred at 133M, from the causes and on the date stated above. 22b. DATESIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS PHYSICIAN'S NAME (Type) 22C. 22d./ ADDRESS NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. 23d. REMOVAL (Specify)
Burial 2 19/67 Columbia Gardens 25a. REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR TLington Funer CAPDRESO THE 3901 N. Fairfax Dr. Arl., Va. VR A15 (4) DATE 15M 4-64



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00765 FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY Maryland Cecil Harford MARY, AND b CTY OR TOWN (I outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (It autside corporate limits, write RURAL and give nearest town) puo P.M3 Havre de Grace DOA Port Deposit rural d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) IS RES DENCE ON A FARM? d STREET ADDRESS word "pending" in pencil in Item 18. Give Pages 1, the Ch'ef Medical Examiner's Office along with farm Harford Memorial Hospital 26 Center St. □ NO F be executed within 24 hours ofter death NAME OF Middle 4 DATE Lost DECEASED 67 OF DEATH Dorsey, Jr. Richard Wilson (Type or pnnt) 7 MARRIED K IF LNDER 1 YEAR IF LINDER 24 HRS 9 AGE (In years 6 COLOR OR RACE DATE OF BIRTH NEVER MARRIED 39 birthdoy) HOLES fter death colored WIDOWED Sept. male DIVORCED 2 CIT ZEN OF WHAT 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) COUNTRY? Marvland Labor 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Elsie P. Thomas Richard W. Dorsey 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war at dates of service) 7045-40 217-20-2063 Elsie P. Dorsey Port Deposit Yes 18 CAUSE OF DEATH (Enter on y one couse per line for (o) (b) and (c)) INTERVAL BETWEEN event , PART I. DEATH WAS CAUSED BY-ONSET AND DEATH Massive left hemothorax IMMED ATE CAUSE (o) This certificate should writing the word 142 X Ony Conditions, if any, which gave (b) Stab wound of neck involving subclayian artery rise to immediate couse (o). and lung. DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILO removal, 9 WAS AUTOPS PERFORMED? CERTIFICATION YES 30 NO [ 200 EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18) PRIMARY or CONTRIBUTING CAUSE OF DEATH stabbed during altercation 20d Nol.RY OCCURRED 20e PLACE OF INJURY (Home, orm. 20f (City or town) 20c TIME OF NILRY Month, Dov. Year 3:30 xxx 1 While Not While factory, street office bldg etc.) 67 of work of work home Port Deposit Ceci1 2) I certify that I took charge of the remains described above, neld an Autopsy Inspection , Inquiry ... ond in my opinion may be refolled for FUNERAL DIRECTOR: Noturo couses Accident Suicide hom cide **Undetermined** manner deoth resulted from: CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASS STANT MED CAL EXAM NER X SIGNATURE DEPUTY MEDICAL EXAMINER Werner U. Spitz, M.D. 1/21/67 Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 0 REMOVAL (Specify) Jones Memorial Cem 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) / 6M 1/67 Patterson & Son. Perrvville . Md

MARYLAND STATE DEPARTMENT OF HEALTH



1 .	MARYLAND STAT DIVISION OF STATISTICAL RESEARCH AND RE	TE DEPARTMENT OF HEALTH ECORDS, 301 W. PRESTON STREET, I	BALTIMORE 1. MARYLAND
E TONE	00766 CERTIF	· · · · · · · · · · · · · · · · · · ·	09766
hours after death din by the funerals. Pages 1 and hours after death	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE Where deceased a. STATE	b. COUNTY
by the Pages	b. CITY OR TOWN OF outside corporate limits, write RURAL and give rearest town)  A Price OF OFFICE 27 hi		te limits, write RURAL and give nearest town)
24 hor filled is gapers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street		O. IS RESIDENCE ON A FARM? YES NO D
law requires that the death certificate be executed within 24 hours after death, atteming physician.  has been signed by the attending physician and completely filled in by the funeral as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 is prior to burial, cremation, or removal, and in any event, within 72 hours after-death.	3. NAME OF DECEASED (Type or print)  Soul Ah Gentrude	Last 4. Date OF DEATH	JANUARU 1519 67
recuted and com move o	5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED DIVORCE		E (In years   FUNDER 1 FEAR   FUNDER 24 HRS t birthday)   Months   Days   Hours   Min. yrs.
Section a sease re and in a	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS (during most of working life, even if retired)	OR 11. SIRTHEFACE (County & State, or o	ereign country) 12. CITIZEN OF WHAT COUNTRY?
ng phy Then pl moval,	13. FATHER'S NAME Broadwater	14. MOTHER'S MAIDEN NAME	isk
PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physicial detached for use as the burial-transit permit. Then please to Dept. of Health prior to burial, cremation, or removal, and it	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N. (Yes, no, or unkdwn) (If yes give war or dates of service)	10. 17. INFORMANT Broadwa	Address, by Address, Branche Those
the de n. by the ansit pe rematio	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(c). I verscal as Herry	My INTERVAL BETWEEN ONSET AND DEATH
equires that thing physician, seen signed by the burial-trans. to burial, ore	33/X DUE TO Conditions, if any, which ) (b)		1
r requir	gave rise to immediate ( cause (a), stating the DUE TO underlying cause last. (c)		
The law or atte tage age as alth pr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJ  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
PHYSICIAN: The la the hospital or att this certificate in detached for use detached for use a Dept. of Health	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJ OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED. (Enter nature of injury in Part i	or Part II of Item 18.)
G PHYS by the h ter this detected	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)	or town) (County) (State)
OR ATTENDING be retained by INRECTOR: After ge 3 should be	21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on 1967.	from JAN: 15, 1967 to J and that death occurred at 15 M, from 1	AN 16, 1967, that (I) (we) last he causes and on the date stated above
DIRECT DIRECT Bage 3 SI	22a. SIGNATURE / N/G mcn	M.D. ATTENDING MED. DIRECTOR D	STAFF DATE SIGNED
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospit TO FUNERAL DIRECTOR: After this certi director, page 3 should be detached i should be filed with the State Dept. of	22c. PHYSICIAN'S NAME (Type)	22d. ADDITES	
TO Fage dire	Stonal 1/19/67 ans	el Helf Home	ION (City, town or county) (State)  M. Le June M. A  R   25b. REGISTRAN'S SIGNATURE
VR A15 (4) 15M 4-64	24. FUNERAL DIRECTOR Lang Have a	25a. REC'D BY REGISTRA Le Charle MOBATE JAN 20	1967 Glarles Julga



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
ONTER CERTIFICATE OF DEATH	กระรั
1. PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, if institution: Re  • COUNTY	sidence before edmission
MARFORD MARYLAND	REGRA
b. CITY OR TOWN (if autside corporate limits, write RURAL and give neerest town)  C. CITY OR TOWN (if autside corporate limits, write RURAL and GIVE neerest town)  C. CITY OR TOWN (if autside corporate limits, write RURAL and GIVE neerest town)	give hearest fown)
AME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)  d. STREET ADDRESS	. IS RESIDENCE
Kick Army Hospital 5N/FOGERS ST	YES NO Z
ME OF First Middle Last 4. DATE Month OF OF DEATH 3. ( )	Day Year
SEX   6. COLOR OF RACE   ), MARRIED   NEVER MARRIED   B. DATE 95, BIRTO   1 / - 0 9. AGE (In years IF UNDER I Y	YEAR IF UNDER 24 HRS.
[ TATIONNED   THE TEN MICHINED	leys Hours Min.
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or foreign country)  12. CITIZE  dene during most of working life, even if retired)	ZEN OF WHAT COUNTRY
HOUSEWIFE THAT COCK IN THE TOTAL TO THE TOTAL TOTA	S (A. C
DAUIO BURDUNIN MARN OCCATELL	,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address	
No No N/A Estelle E. Murphy Arlingt	on, Va.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTÉRVAL BETWEEN ONSET AND DEATH
DUE TO	· levery
Conditions, if any, which (b)	
everise to immediate cause  a), stating the underlying  DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OP CONTR.BJTING  CAJSE OF DEATH  OF CONTR.BJTING  CAJSE OF DEATH	PERFORMED'
0e. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Pert I or Pert II of item 18.)  P CONTRIBUTING [ CAUSE OF DEATH	– - – -
(IF EITHER, NOTIFY MEDICAL EXAMINER)	ty) (State)
Hour a.m. While Not While fectory, street, office bldg., etc.]	177 (31410)
19 TAN (17 30 TAN)	that (I) (we) las
saw the deceased alive on	date stated above.
220. SIGNATURE ATTENDING MED. STAFF	22b. DATE
22c. PHYSICIAN'S	an. 1967
NAME (TYPE) THOMAS & FRAHER KITH DPG M.D	
23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	) (Stele)
FLINERAL DIRECTOR'S SIGNATURE / ADDRESS 256, REC'D BY REGISTRAR 256, REGISTRAR'S SI	rginia
Farring Faneral Moment Aberdeen, Maryland DATS AN 30 1997	11 Falls



1 ( 8 5	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OO768 CERTIFICATE OF DEATH 0076	0
£ 50£	OCCUT OF BEATT	
after death.  the funeral ges 1 and 2 after death	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a. STATE 4.4 b. COUNTY	admission)
fter the fu	HARFERD MARYLAND MARYLAND COCIL	
s aft by th bages rs af	b. CITY OR TOWN (If outside corporate limits, write RURAL and give near write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give near	est town)
hours d in br	HAURE de GRACE 6 days PERRY VIlle	
24 ho filled i papers.	I d NAME OF HOSDITAL OD INSTITUTION (if not in bospital give etropy address) i) d STREET ADDRESS /	ESIDENCE A FARM?
fille pape	HARFIRD MemoRIAL HESP. YES	NO 🗌
be executed within 24 hours after scian and completely filled in by the leme remove carbon papers. Pages 1 and in any event, within 72 hours after	3. NAME OF First Middle Last 4. DATE Month Day Y	ear
nple cart	(Type or print) HNNA MARGARETTA PACELEY DEATH JANUARU 14 19	967
executed and con remove	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR	s Min.
xec: and emc	12 ma/E While WIDOWED DIVORCED Aic. 14/11/1/3 yrs.	
be e cian cian nd in nd in	10a. USUAL OCCUPATION (Give kind of work done of work done of work done of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11b. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WH.	7
and Sici	foreinte land	
certificate	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME,	
certifica Iding pl Then remova	james work the ilman 1. janton	
ath cerificate be attending physician rmit. Then pleme	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, in unknown) (If yes gire war or dates of service)	
death or atter	10 months Chas Chadeley, Mangreet me	/-
	18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]	D DEATH-
nt the san. d by rans crea	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (Ardiac Urrest)	aus
requires that the ding physician. been signed by the burial-transit or to burial, crema	DUE TO / 1 / D. See Aller .	62 -
phy phy bur bur	Conditions, if any, which   (b) ( drala ( Urrhyllum 4 )	
무슨 등 등 수	cause (a), stating the DUE TO	
law re ittendii has be as th	underlying cause last.   (c)	AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN INPART 1 (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN INPART 1 (a)  PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIO	ORMED?
He He	20a. ACCIDENT WAS UNDERLYING   LOD. DESCRIBE HOW INJURY OCCIPERED. (Enter nature of Iphiry In Part I or Part II of Item 18.)	110
CENTIL OF T. OF	208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCIDENED. (Enter nature of lightry in Part 1 or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
r h is selected		(State)
5	Hour a.m. While Not While factory, street, office bidg., etc.)	
TENDING R tained by 1 for. After thould be c h the State		(we) last
DR ATTENOING be retained by IRECTOR: Afte e 3 should be ed with the Sta	21. I certify that to this mospital attended the deceleration from	
OR ATTENO y be retaine OIRECTOR: age 3 should	saw the deceased alive on	cu abovo
DR be sed w	Grafes total M.D. ATTENDING MED. DIRECTOR PHYS.	
	22c. PHYSICIAN'S 7/1 / TO 22d. ADDRESS / TO A A	
O HOSPITAL Page 4 may O FUNERAL director, pg should be f	NAME (Type) CHARIES of HOLEY UR. HAURE CE TRACE, MA.	
Page Should direct	238. DUNIAL, GREMATION 238. PATE THEREOF 1 200. HAME OF GENERAL OR OF CHARLEST OF GREAT OF GR	(State)
5 5 5 5 V	REMOVAL (Specify) 1/17/1967 Truncipio Cemelery Congrelle, Coul	Ald.
1	24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS REC'D BY REGISTRAR'S SIGNATURE CONTROL OF THE PROPERTY OF THE PRO	udal
VR A15 (4)	Tee (f. ti, bush & fon, suprise Met. BATE JAN 23 1967 followers)	0
15M 4-64		

and it



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00769 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00769 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE **b.** COUNTY PM3. Page ď Harford after death. Maryland Harford
c CITY OR TOWN (f outside corporate limits, write RJRAL and give nearest town) MARYLAND Harford ond 3 t Department b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Aberdeen Aberdeen years d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RES DENCE ON A FARM? d STREET ADDRESS haurs Office along with farm Pulaski Motel US.#10 Shamrock Diner YES NO TO tem 18. Give Pages 3 NAME OF Midd e with the Stowithin 72 I First 4 DATE Doy Yeor DECEASED OF January HOWARD ROY FIZER 1967 (Type or print) IF UNDER 1 YEAR S. SEX DATE OF BIRTH 9 AGE (In years F JNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 🛣 52 birthdoy) Months Hours Dovs Jan. Male Cau. WIDOWED DIVORCED event 11 BIRTHPLACE (State or fareign country) 10b. KIND OF BUSINESS OR 100 US JAL OCCUPATION (Give kind of work done 12 CT ZEN OF WHAT during most of working life, even if refired) INDUSTRY USA. Martinsburg, W. Va. GNY Cook Restaubants ward "pending" in pencil in the Chief Medical Examinaris 13 FATHER'S NAME 14. MOTHER S MAIDEN NAME be executed within Ξ Andrew J. Fizer Vally May Keys E E and 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Elsie Dougan (Yes, no or unknown) (if yes give wor or dotes of service) removal. Havre de Grace. Md. Yes 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) )
PART I DEATH WAS CAUSED 8Y. INTERVAL BETWEEN ONSET AND DEATH s a burial-transir crematian, or r -070 VOIV IMMEDIATE CAUSE (o) This certificate shauld e, writing the ward farwarded ta the Ch DUE TO Conditions, if only, which gove ase to immediate couse (a), DUE TO stoting the underlying couse burial, a nseq PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? NO agent, priar to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port I or Port II of Item 18) PRIMARY CONTRIBUTING CAUSE OF DEATH 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY Month, Doy, Year Hour om factory, street, office bidg, etc.) Not While 5 may be retained far your to FUNERAL DIRECTOR: Page Health or its designated age at work ot work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry X and in my apinion Natural causes the funeral director. Suicide . Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Gerald C. Palmer Address (Street, city, town, or county) Bel Air. Md. NAME (Type) 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a 8 JRIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Jan. 4, 1967 Slateville Cemetery Delta York Penna. 256 REGISTRAR 5 SIGNATURE 250. REC D BY REGISTRAR FUNERAL DIRECTOR VR ATSME (5) JAN Delta.Pa. 6M 1/66



1 /	MARYL DIVISION OF STATISTICAL RESEAR	AND STATE DEPARTMENT OF HEALT CH AND RECORDS, 301 W. PRESTON STREI	FH ET. BALTIMORE 1. MARYLAND
hours after death. d in by the funeral rs. Pages 1 and 2 thours after death.	00770	CERTIFICATE OF DEATH	00770
he funeral s 1 and 2 fter death.	1. PLACE OF DEATH a. COUNTY, ACTOCO	MARYLAND 8. STATE MA.	b. COUNTY (PC)
pattending physician and completely filled in by the semit. Then please remove carbon papers. Pages 1 on, or removal, and in any event, within 72 hours after	write RURAL and give pearest town)	8 hrs. Bel Air	rporate limits, write RURAL and give nearest town)
papers papers in 72 l	HARTOR MEMORIAL HOSPITAL OR THISTITUTION (If not in hospi	Ital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
carbon ant, wit	3. NAME OF First DECEASED (Type or print)  ACCACU	Middle Last 4. DATE DF DEAT	H JANUARY 2 1967
any eve	5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED 8. DATE OF BYATH  DIVORCED 1-Eb. 2,1936	last birthday) Months Days Hours Min.
and in	during most of working life, even if retired)   INDU	OF BUSINESS OR 11. BIRTHPLACE (County & State STRY)	e, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
movaí,	13. FATHER'S NAME  Clycle Worrell HARVEY	14. MOTHER'S MAIDEN NAME (FUDE BEN	
n, or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)	PLALSECURITYNO. 17. INFORMANT (FATHER) 838- -26-6475 Mr. Clyde W. HATTURY	4746 Address 363 Cotherine St. BEI Air, Md. 21014
the burial-transfer or to burial, cremati	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:  33   X   DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	for (a), (b), and (c).]  Beliebral hunarhage,	At timeford backs
detached for use as the e Dept. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	IG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COL	YES NO
Dept. o	203. ACCIDENT WAS UNDERLYING 205. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJU	RY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f.	(City or town) (County) (State)
Stat	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a.m. While p.m. 19 at work	Not While factory, street, office bidg., etc.)	JAN 2, 1967, that (1) (we) last
vith the	21. I certify that (I) (this hospital) attended saw the deceased alive on 1222. SIGNATURE	19 62, and that death occurred at 2 A.M., f	rom the causes and on the date stated above.
be filed v	22c. PHYSICIAN'S Marker	M.D. ATTENDING MED. DIRECTOR	STAFF X Jan 2, 1967
TO FUNERAL DIRECTUR: director, page 3 shoul should be filed with th		3c. NAME OF CEMETERY OR CREMATORY 23d. L	OCATION (City, town/or county) (State)
o o	24. FUNERAL DIRECTOR W. 3.	St. I quatrus Cath. Ch. CEM. Hick condurant williams St. 258. REC'D BY REG	
By	Joseph William Foster BEI	Aric Manyland 21014 DATE JAN 4	1967 Minter Juge



1 1/ 1	B	***************************************	PARTMENT OF HEALTH	TAND OLOO
D.	_		1 W. PRESTON STREET, BALTIMORE, MARY	LAND 21201
FOR STATE	00771	WEDICAL EXAMINER'S	CERTIFICATE OF DEATH	00771
HEALTH DEAT	O. COUNTY Horford	MARYLAND	2 USUAŁ RESIDENCE (Where deceosed lived, if institution of STATE b. COL	
ory delay is 2, and 3 to PM3 Page epartment of after death.	b CITY OR TOWN (foutside corporate limits write RURAL and give nearest town)	c LENGTH OF STAY IN 15	c CITY OR TOWN (foctside corporate up ts, write RI	JRAL and give nearest town)
	d NAME OF HOSPITAL OR INSTITUTION (If not	in hospito, give street address)	d STREET ADDRESS W. Shomas	o IS RES DENCE ON A FARM? YES NO
after death 18 Sive Pages along with for with the State	3 NAME OF Frs DECEASED (Type or print) WAS	Middle /o	Last 4 DATE Mor	
			B DATE OF BIRTH  9 AGE (In yeors ost birthday)  yrs	Months Doys Hours Min
haurs tem 1 Office odd2	100 USUAL OCCUPATION (Give kind of work done	105 KIND OF BUSINESS OR	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT
▼ E.S # # & #	during most of working life, even if retired) Sorter	Philco Corp.	Philadelphia Pennsylv	ania U.S.A.
d be executed within 2 d' pending" in pencil il (hief Medical Exam.ner transit permit file page, , ar remaval, and in se	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME  Ann Thones	
d with the lear lear lear lear lear lear lear lea	Richard Hewlett  IS WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT Add	ress
executed nding" i Medical permit permit	(Yes, no, or unknown) (If yes give wor or dotes of	Service)	obson Reynolds . Philadel	phia Penn
pending" ef Medical nsit permit r remaval,	18 CAUSE OF DEATH (Enter only one couse PART I DEATH WAS CAUSED BY:	per line for (o), (b) and (c).)	0.	INTERVAL BETWEEN ONSET AND DEATH
should be e ne ward per to the Chief I burial-transit matian, or re	3/9. 4/ IMMEDIATE CAUSE (C		Afuries	
e shauld the ward to the (I s burial-tru ematian,	Conditions, if only, which gove 1			
certificate should be execute, writing the ward "pending" irwarded to the Chief Medical used as a burial-transit permit burial, crematian, ar removal,	rise to Immediate cause (a), stating the underlying cause			
rtifica rarde rarde ed as rial, c	PART I OTHER SIGNIFICANT CONDITIONS CO	C)	THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
This certificate she cate, writing the be farwarded to the be used as a bur to be burial, creman	TAN TOTAL STORM CONSTITUTE OF		······································	PERFORMED? YES NO NO
Th ffical d be lid b	200 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH	205 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Part I or Part II of item 18.)	1' +
AMINER: The the certifice of a should be dur files.  The standard of the stand	CAUSE OF DEATH  20c TIME OF INJURY Month, Day, Year	20d INJURY OCCURRED 2 20e P.A	CE OF IN. URY (Home, form, 170) (City or town)	(County) (State)
EXAMINER: ute the cert age 4 should your files. Page 3 shau ed agent, pr	20c TIME OF INJURY Month, Day, Year Hour om 4:46 am 1-21-196	Will - has Will a St. For	lory, street off ce blue, etc.)	Harfard Ml.
libral EXA ease execute rrector. Page ained for you IRECTOR: Pag designated a	21. I certify that I took charge	of the remains described obove, he	ld on Autopsy 🔲, Inspection 🔀, Inq	uiry 🔲 🗸 and in my opinion
ACAL se exector. Prod for ed for ECTOR	death resulted from: Natural	couses Accident X, Suid	ide , Homicide , Undetermined r	nonner
MESTA please directe retaine DIREC	SIGNATURE //8/912	. 35		22. DATE SIGNED
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S WERNER L	I. SPITZ, M.D.	DEPUTY MEDICAL EXAMINER Address (Sireet, city, town, or county)	, re /
o Di the 5 mc	230 BURIAL, CREMATION, 23b DATE THER			
F 2	REMOVAL (Specify)  1-28-6' 24 FUNERA, DIRECTOR	7 Mt. Lawn	Philadelph  250 REC'D BY REGISTRAR 255 F	ia, Penna,
VR A15ME (5)			ila Pa parti AN 25 1967	Charley Judge.



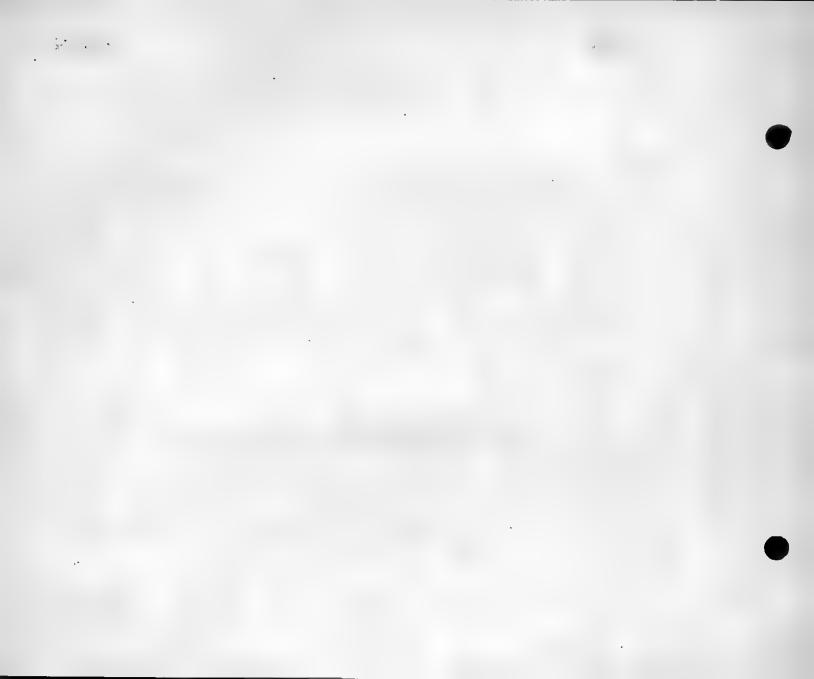
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
NA /	00772 CERTIFICATE OF DEATH 00	772	
hours after death din by the funeral rs. Pages 1 and 2 hours after death	1. PLACE OF DEATH a. CDUNTY  A. CDUNTY  A. STATE  D. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence as STATE)  D. COUNTY  MARYLAND	dence before admission)	
ours after in by the . Pages i	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH DF STAY IN 1D  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  A CARCOL 9/165.	L- 12.1	
fille aape	tartora lle marial to 50/10/10 (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO	
The law requires that the death certificate be executed within or attending physician. Sate has been signed by the attending physician and completely use as the burial-transit permit. Then please remove carbon paith prior to burial, cremation, or removal, and in any event, within	3. NAME OF BECEASED (Type or print) Mary (777: 110/2044 DATE OF DEATH	Day Year / 8 196-7	
executed and con remove	TETICIAE WINDOWED DIVORCED NOV. 19 19 5 yrs.	ays Hours Min.	
certificate be e nding physician Then please r removal, and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  11c. CITI (COUNTY & State, or foreign country)  11c. CITI (COUNTY & State, or foreign country)  11c. CITI (COUNTY & STATE)  11c. CITI (COUNTY & STATE)  11d. MOTHER'S NAME	ZEN OF WHAT NTRY?	
chding ph	15. WAS DECEASED EVER IN U. S. ARMED FORCES?, 16. SOCIAL SECURITY NO.   17. INFORMANT Address	<u>e</u>	
death e te atten permit	(Yes, no, or unknown) (If yes give war or dates of service) / William HOLLOWAY, FOREST	INTERVAL BETWEEN	
es that the death, hysician. signed by the atte urial-transit permit urial, cremation, or	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Licidaria, Menny of Lis, punto-	ONSET AND DEATH	
uires tha g physici n signec burial-th	Conditions, if any, which gave rise to immediate (b) Coursusing segrent conduct lines!	okis	
law require trending prices the bus been as the bus prior to b	cause (a), stating the DUE TO Del Length Bracker produmente 9	19. WAS AUTOPSY	
ICIAN: The faw re ospital or attendi certificate has b hed for use as th t. of Health prior	N N N N N N N N N N N N N N N N N N N	19. WAS AUTOPSY PERFORMED? YES NO	
SIC hos sche		v) (State)	
	Hour a.m.  While Not While at work at work factory, street, office bldg., etc.)		
	saw the deceased alive on19, and that death occurred at 9.4 M, from the causes and on the	that (I) (we) last date stated above.	
DIRE See See See See See See See See See Se	M.D. ATTENDING MED. DIRECTOR STAFF DIRECTOR DIRE	8/67	
O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page should be filed	23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or count	ty) (State)	
5, 5,2	BEMOVAL (Specify) HAN. 31, 1967 WELCOME HOME HICKORY, HARFOR ADDRESS 250. REC'D BY REGISTRAR'S		
VR A15 (4) (1) 15M 4-64	John H. Harling, DELTA, Pa.   DUAN 23 1967 Julianles	Judge	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the law requires that the death certificate be executed within 24 wours after death physician and campletely filled in by the funeral en please remove carban papers. Pages 1 and 3 mod and any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY Marvland Harford Harford, Aberdeen MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURA, and give nearest town) 16 Days 2728-D West Ct., APG. Maryland Aberdeen Prov. Gd d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS APG. Aberdeen, Maryland Kirk Army Hospital YES NO IX 3. NAME OF Middle Last 4. DATE Month Year DECEASED 1967 Willia Hudson Jan Mae (Type at print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S SEX 8 DATE OF BIRTH 9 AGE (in years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost bisthdoy) 26 Feb 1899 Female Negro WIDOWED X DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of work ng Ue, even if refined) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? U.S. Home School San Antonio, Texas 14. MOTHER'S MAIDEN NAME 13. FATHER 5 NAME UNKNOWN Hassacad: Unknown 16 SOCIAL SECURITY NO. 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give war at dates of service) 527-24-0657D LTC. Albert Justice (same as above) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p CHISET, AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac failure IMMEDIATE CAUSE (o) DUE TO 2 Years Conditions, if ony, which gove Liver Carcinoma rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending **FO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the ta | 2 Years () Metastasis 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200, ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While ot work 21. I certify that (this hospital) attended the deceased from 23 Nov , 1967, to 8 Jan , 1967, that (I) (we) lost saw the deceased glive an 8 Jan 1967, and that death accurred at 0320aM, from causes and on the date stated above 22b. DATE SIGNED 220. SIGNATURI ATTENDING PHYS. MED.
DIRECTOR 8 Jan. 167 53 director, page 3 shauld be filed w M.D. 22d. ADDRESS 22c. PHYSICIAN'S 413 Haslett Rd., Jopratowne, Md. NAME (Type) JOHN L. BUTSCH. CPT. MC 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) 230. BURIAL, CREMATION, Arizona . 67 Evergreen Cemetery Tarring ADER MORE 1250 RE Tucson, 11 Jan. 250 RECTO BY REGISTRAR 1967. REGISTRASSIGNABLE Judge VR A15 (4) 20 M 1/66 Aberdeen, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY attending physician and completely filled in by the firmit. Then please remove carbon papers. Pages 1 n, or removal, and in any event, within 72 hours after ARTOR. MARYLANO CY b. CITY DR TOWN (if outside corporate limits. C. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ORACE 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ACCRESS e. IS RESIDENCE ON A FARM? ND X YES executed within NAME OF DECEASED First Middle Last -DATE Month Day Year OF (Type or print) JAMIA N50 DEATH CANUARY 19 67 5. SEX AGE (In years | IF UNIVER 1 YEAR | IF UNDER 24HRS | last birthday) | Months | Days | Hours | Min. 6. COLOR DR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED WIDDWED DIVDRCED I 16a. USUAL DECUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) COUNTRY? Ground 4.5. 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY ND. 17. INFORMANT TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burlal, cremation, or a (Yes, no, or unkown) [(If yes give war or dates of service) aw requires that the death Mrs. Berthe P. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH **OEATH WAS CAUSED BY:** PHYSICIAN: The law requires that the hospital or attending physiclan. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate OUE TO cause (a), stating the underlying cause last, CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT 119. WAS AUTDPSY PERFORMED? Tract Unlestime YES ND 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e. PLACE DF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. OR ATTENDING P While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from  $\Delta$ 1966. to 5AN. 18, 1967, that (1) (we) last 30 19.6.7, and that death occurred at 6.3.3 M, from the causes and on the date stated above. saw the deceased alive on san when 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M DIRECTOR M,D, Page 4 may 22d. ADDRESS PHYSICIAN'S NAME (Type) 569 Revolution BURIAL, CREMATION. DAJE THERED NAME OF CEMETERY DR CREMATORY LDCATION REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. 25b. VR A15 (4) 15M 4-64



ī	Division		LAND STATE DEPAR AND RECORDS, 301 W.	TMENT OF HEALTH PRESTON STREET, BALTIMOR	E, MARYLAND 21201
FOR STATE	00775		EXAMINER'S CER		00775
HEALTH DEPT.	D CITY OR TOWN (If outside co	-for-d	MARYLAND 0	STATE MG	d, if institut on Residence before admission) b (OUNTY) ts, write RURAL and give nearest tawn)
and 3 Page (free open)	write RURAL and give neuro	E e N		be sed &	eN
Pages 1, 2, 1th farm State Dep	d. NAME OF HOSP TAL OR INST	ITUTION (finot in hospito, give stree	1 - B	TREET ADDRESS ox 267 Westwood me	B & RESIDENCE ON A FARMS
Pag Pag vrth e Sta 72 h		PSSIC & N	Midde Joh.	LOST 4 DATE OF DEATH U	Month Doy Year 1967
haurs after d Item 18. Give Office alang v and 2 with th	S SEX 6 COLOR	W DOWED	DIVORCED 11-	-8-66 ost	(In years birthday)  yrs   IF UNDER 1 YEAR   F UNDER 24 HRS   Months   Days   Hours   Min
r's r's	10a USUAL OCCUPATION (G ve kind during most of working life, even if		USINESS OR	BRTHPLACE (State or foreign country)	
d within 24 pencil in Praminer's File pages and in any	13. FATHER'S NAME JESSIE JOA	us Johnson	14.	MOTHER'S MAIDEN NAME ABLIGALIT CUI	-ton
	15 WAS DECEASED EVER IN U.S. AR (Yes, no, or unknown) (If yes give				Address noun Churchvillemd
d be executed rd "pending" of Chief Midical Ptransit permit. Fin, or remayal, or	PART DEATH WAS CA.	only one couse per line for (a), (b) SED BY DIATE CAUSE (a)	ond (c))	drete by	Ared ONSET AND DEATH
INER: This certificate shauld be executificate, writing the ward "pend shauld be forwarded to the Chief Miles. 3 shauld be used as a bur al transit pent, prior to burial, crematian, or rem	Conditions, if any, which governse to immediate couse (a		milus	5D	11
vertificate writing the very writing the very warded to seed as a bound, crem	stoting the underlying cous				
his certificate, writing e forwarde be used as ta burial, a	PART I OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITION GIVEN IN P	ART 1(o) 19 WAS AUTOPSY PERFORMED?  YES NO
INER: This ce certificate, shauld be for files. 3 shauld be unit, prior to be into prior to	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH	□ 20b DESCRIBE H	OW INJURY OCCURRED (Enter	noture of injury in Port I or Port II of	tem IB)
g = 4 + 5 g	20c. TIME OF INJURY Manth, Hour o.m.	While C No		INJJRY (Home, form, 20f (City eet, office bldg., etc.)	or town) (County) (State)
AL EXA execute ar. Page d for you TOR: Poggnated a		aak charge of the remains d	lescribed abave, held an	Autopsy Inspection	, Inquiry , ond in my opinion
Mec. AL EX please executi director. Pag etained far y DIRECTOR: Po	death resulted fram	Natural causes A. A.	ccident [], Suicide [ 	CHIEF MED CAL EXAMINER	Betain M. DATE SIGNED
TY, Ty, erall be RAL	SIGNATURE EXAMINER'S NAME (Type)	(d P 12) /m	M.D	ASSISTANT MEDICAL EXAMINER DEPUTY MED CAL EXAMINER Address (Street, city, town, or cour	1-5-67
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health ar	23a BURIAL, CREMATION, REMOVAL (Specify)		NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	(City or Town) (County) (State) WATON Harford md
VR A15ME (5)	24 FUNERAL DIRECTOR	TITTLE REL	ADDRESS ADDRESS	2So REC'D BY REGISTRAR	ZSb. REGISTRAR'S SIGNATURE
6M 1/66	GROTAGW	NEL NEL	111 /11/02	DATE JAN 10	1967 Marley Judas



Division of STATISTICAL BESS ARCH AND RECORDS, 301 W. PRESTON STRUET, BALTIMORE I, MARYLAND I PLACE OF DEATH 2. U VAL RESIDENCE Who is deceased word, thinsten on Residence before a ression a. COUNTY DE JE JE B COUNTY HARFORD b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 1b c CITY OR TOWN, It outs da corporate limits, write RURAL and give nearest tow write RURAL and give neagest town) TOREST 20 years OREST d. NAME OF HOSPITAL OR INSTITUTION if not in hospital give street address

Jarrettsville Road d. STREET ADDRESS IS RESIDENCE State YES NO 3. NAME OF DECEASED (Type or print) ONALD OHNSON DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months WIDOWED -DIVORCED | IDa. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) Forest Hill, Maryland HARMING Gen. farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J. Raymond Johnson Frances Wilson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17. Box 164ddesJarrettsvil (Yas, no. or unkown) ( (If yes givawar or datas of service) Hill, Md. 219-18-0522 Ars. Lina R. Johnson Forest 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INTERNAL HEMORRHAGE CHEST INSTANT DUE TO BY FARM TRACTOR (b) CRUS HING Conditions, if any, which? gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8) 19. WAS AUTOPSY PERFORMED: NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING FARM TRACTOR ROLLED OVER SIDE OF Month, Day, Year 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bfdg., etc.) While Not While at work FOREST HILL, HARFORD 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident . Su cide Homicide | Undetermined manner death resulted from: Natural causes 1. CHIEF MED CAL EXAM NER ACTUAL ASSISTANT MEDICAL EXAMINER M.D SIGNATURE 307 HICKORY AVE DEPLITY MEDICAL EXAMINER DEPUTY lease exect should be FINERA 10 NAME (Typa) Addrass (Straat, c ty, lown, or county) BEL please 4 shoul O FIIN Health 22a, BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Air Mem. Gardens Maryland Burial Bel 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME Mineres Jarrettsville, Md. Charles E. Kurtz

5M 1/62

. . . TC HEATTH

The state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00777 FOR STATE HEALTH DEPTER PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 11 o COUNTY Page ţ MARYLAND detay partment b CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 16 m ts write RURAL and give nearest town) and P.M3, 1 write BURAL and give nearest town after INSTITUTION ( f not in hosp to lave street oddress) S RESIDENCE farm Del ote De YES NO K Give Pages NAME OF with the Sto within 72 1 4. DATE DECEASED 0 NP OF DEATH (Type or print) DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) nst Months Doys Hours WIDOWED DIVORCED 24 hours event em 100 USUAL OCCUPAT ON (Give kind of work done 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life even fretired) Horisa Regins Next IN CINY podes pencil 13. FATHER S NAME This certificate should be executed within Examir ᆵ and 15 WAS DECEASED EVER IN U.S ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) INFORMANI Bx 88 16. SOCIAL SECURITY NO permit. remayal 'pending" 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),) NTERVAL BETWEET burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY cremation, ar IMMEDIATE CAUSE (o) writing the ward DUE TO Conditions, if ony, which gove (b) 5 rise to immediate couse (a), DUE TO stating the underlying couse be forwarded used as burial, c lost. 9. WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) please execute the certificate, NO IV ogent, priar ta 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 3 should shauld PRIMARY IZ or CONTRIBUTING EXAMINER: CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJRY (Home, form (City or town) (County) (State) Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page tbps-11e of work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 📈 Inquiry 🖫 and in my opinion the funeral directar. Accident X Suicide be retained deoth resulted from: Homicide Undetermined monner ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 DEPUTY MEDICAL EXAMINER O FUNE! Address (Street, city, town, or county) 23b. DATE THEREOF LOCAT ON (City or Town) (County) (Stote) 25b. REGISTRAR S SIGNATURE 250 REC D BY REGISTRAR FUNERAL DIRECTOR 24 VR A15ME (5 DATE 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00778 CERTIFICATE OF DEATH 00778 requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institut an Residence before admission) a. COUNTY o. STATE b. COUNTY Harford Marvland Harford MARYLAND c LENGTH OF STAY IN 16 CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate limits, Rural - Street vears Street-(Rural) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? R.D.#2 R.D.#2 YES X NO [ NAME OF Midd e 4 DATE First Last Month Day Year DECEASED (Type or print) BESSIE MARY KCHLBUS January 67 19 DEATH IF UNDER 1 YEAR S SEX 9. AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH (ast\_birthday) Manths Days Hours Female White June 25,1889 WIDOWED X DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CHIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Houserife COUNTRY INDUSTRY Constitution, Pa. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal Ada Orr John Flaharty a signed by the attending p e burial-transit permit. The a burial, cremation, or remo 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. ar unknown) (If yes give wor or dates of service 218-30-6283 Mrs. Paul Iddings, Street, Hd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line for (o), (b), and (c).) PART L DEATH WAS CAUSED BY SONSET AND DEATH cronary IMMEDIATE CAUSE (a) DUE TO extensive Arterioscleratic Cardiocase. cly Conditions, if any, which gave rise to immediate cause (a). DUE TO far use as the b i Health priar ta b stating the underlying couse has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Pyelo-nephizitis NO \_\_\_ this certificate 20g. ACC DENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour am. factory, street, affice bldg, etc.) Not While at work O FUNERAL DIRECTOR: After 2]. I certify that (1) (this haspital) attended the deceased from June 1958, to 7 Jan, 1967, that (1) (we) last be retained 1967, and that death accurred aff. 50 A. M. fram causes and an the date stated above. saw the deceased alive an\_\_\_\_ Jan 22gu SIGNATURE 22b. DATE SIGNED MED DIRECTOR STAFF PHYS. Jan. 7. 1967 M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Whiteford. Jr. Whiteford, Ild. director, should 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Street Harford Emory FUNERAL DIRECTOR **ADDRESS** 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Delta.Pa. 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and deat 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Besidence before admission) b. COUNTY after MARYLAND Pages CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours write RURAL and give nearest town) hours filled in d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO YES completely 1 NAME OF Middle Month Day DECEASED JANUARY 1967 and in any event, DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Months Days Hours | Min. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED Oct. 29, 1880 phymician and WIDOWED IV DIVORGED | 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done I 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.Govt. Stationary engineer death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетоуа attending parent. Then John P. Leight Tavinia Shields 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 0 (Yes, no, or unkown) (If yes give war or dates of service) 218-05-0033 Robert E. Leight, Abingdon, Md. burial-transit ner burial, cremation, B) 18. CAUSE OF DEATH [Enter only one cause per-line for (a) (b), and (c).] ONSET AND DEST IN FURERAL BIRENTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transi should be filed with the State Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PARTH, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗔 DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OCCURRED. (Enter nature of injury in Part 1 or Part 11/of Item 18.) CAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. MEDI Not-While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at PEPM, from the causes and on the date stated above. saw the deceased alive on. 22h. DATE SIGNED SIGNATURE 22a. ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. Page 4 may 22c. PHYSICIAN'S ADDRESS 22d. NAME (Type) 23a. BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Jan. 28, 1967 Cokesbury Memorial Abingdon Cemetery Harford REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR ADDRESS RECIBERAR'S SIGNATURE lianley VR A15 (4) Howard K. McComas & Son, Abingdon, Md. 21009 DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00780 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Winere deceased lived if institution, Residence o. COUNTY b. COUNTY o STATE Poge 10 deoth, MARY, AND TO WATE OF STAYIN OF c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) 72 hours ofter a NAME OF HOSPITAL OR INSTITUTION ( f not in hospita, give street address) STREET ADDRESS e IS RESIDENCE ON A FARM? olong with form RID YES [ State NO DO hours ofter death 3 NAME OF Middle 4. DATE First LOST DECEASED aNU (Type or print) within DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER YEAR 7 MARRIED NEVER MARRIED virthdoy) Months Doys X WIDOWED DIVORCED SV event 10b USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT 10b during most of working life, even if retired) INDUSTRY -UMBER yng ni -ABORER SHE pencibi 13. FATHER'S NAME 14. MOTHER S MAIDEN NAM be executed within Examin ASBORNE FRONIE File ond EWIS MAHTA 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, prynknown) (If yes give wor or dates of service or removal. 302-03-49/4 EWIS, DARLINGTON, INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate should writing the word burial, cremation, DUE TO forworded to the Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.6) CERT FICATION the certificate. YES -NO 2 should be 200 EXTERNAL CAUSE WAS PRIMARY Sor CONTR BUTING □ pr.or 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) CAUSE OF DEATH Health or its designated ogent, 20d .NJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20r TIME OF INJURY Month, Doy, Year foctory, street, office blog etc.) 7 While FUNERAL DIRECTOR: Page of work 44 pleose execute 21. I certify that I took charge of the remains described above, held an Autapsy Inspection the funerol director. death resulted from Suicide Homicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) BUR, AL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) HWOVAL (Specify) 0 SOUTHERN HARFORD CO DUBLIN 250 RECD BY REGISTRAN 24 FUNERAL DIRECTOR VR A15ME (\$ DATE 6M 1/66



and

physician

attending

r attending physician. has been signed by the

After this

CTOR

eath. Page 4

O

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00782 00782 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Harford Harford remave carban papers. Pages I In any event, within 72 haurs after MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Darlington Rural Darlington B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS campletely filled in Route #2. Box YES IN NO Route 3 NAME OF Middle Month First Last DECEASED 67 MAYS GEORGE OSCAR January 7, (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7. MARRIED X **NEVER MARRIED** birthdoy) Doys Hours March 1886 Male WIDOWED DIVORCED Cau. 12 CITIZEN OF WHAT 10b USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working the, even if retired)
Farmer (Ret. INDUSTRY Farm Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval Unknown Harvey Mays 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) Curtis Price. Darlington. Maryland INTERVAL BETWEEN 38. CAUSE OF DEATH (Enter only one couse per une for (a), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Conditions, if ony, which gave rise to immediate cause (a). DUE TO far use as the b Health priar tab stating the underlying couse Page 4 may be retained by the haspital ar attending 19. WAS AUTOPSY PERFORMED? PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO XX YES 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH 3 shauld be detached with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e, PLACE OF INJURY (Home, form, (City or town) (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur o.m. Not While at work 21 I certify that (I) (this haspital) attended the deceased fram Niley 20, 1947, to 17, 1967, that (I) (we) last sow the deceased alive on 14, and that death accurred agents and an the date stated above. shavid sow the deceased alive on O FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE STGNED **ATTENDING** DIRECTOR directar, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Darlington. Dudley Phillips. M.D. Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23b. DATE THEREOF (County) 230 BURIAL CREMATION Bel Air Bel Air Memorial Gardens. Jan. 987 REGISTATE CHEMPTER arringADDRaneral Home 250. RECD BY REGISTRAR VR A15 (4) 20 M 1/66 Aberdeen. Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00783 CERTIFICATE OF DEATH death. and 2 death. PLACE OF DEATH a. CDUNTY USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Harford a. STATE Maryland b. COUNTY Herford Pages 1 urs after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) papers. The papers of the pape hours 18 months Havre de Grace Bel Air <u>=</u> d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 2 Lynwood Court within Brevin Nursing Home ND PC YES etely carbon NAME DE Middle Lest 4. DATE Month Year DECEASED 18, event, Margaret Harold McWilliam January (Type or print) DEATH 6. COLDR DR RACE and cor 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED Months Days any Hours ! 14, 1885 Female. White WIDOWED 3 DIVORCED F ned by the attending physician as I-transit permit. Then please fer I, cremation, or removal, and in a 10a, USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Homoma ker Glasgow. Scotland death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Robertson Hannah Chilliank Couborough 17. INFORMANT SOT 838-7463 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes pive war or dates of service) 16. SDCIAL SECURITY ND. Lynwood Court Νo NONE Mr. John R. McWilliam Bel Air. Md. 21014 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DISET AND DEATH -transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. signed been signers, the burial-trainer to burial, c DUE TD Conditions, if eny, which rise to immediate DUE TD cause (a), stating the as th prior underlying cause last. ICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate h hed for use t. of Health p WAS AUTDPSY PERFORMED? NO TA YES [ CERTIFI 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert I or Part II of Item 18.) detached f te Dept. of 1 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State factory, street, office bldg., etc.) Hour a.m. After White Not While at work at work retained DIRECTOR: A age 3 should led with the 7 21. I certify that (I) (this hospital) attended the deceased from 1965 todunum . that (i) (we) last and that death occurred at 10:06. For the causes and on the date stated above. saw the deceased alive pn. 196 22a. SIGNATURE 22b. DATE SIGNED OR be page Jan. 19, 1967 PHYS. M.D. DIRECTOR PHYS. 4 may FUNERAL PHYSICIAN'S 4.574, 22d. 617 **ADDRESS** director, p NAME (Type) Aberdeen, Maryland 23d. LDEATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREDF 23c. NAME OF CEMETERY DR CREMATORY GALOR CEMETER JAV 21,196 EUI RIVER MASS. Birnel REGISTHAR'S SUBNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. Zwilliams & W. Broadway liances VR A15 (4) BEI Air MAN 1015 heal DATE 20M 1/65

5-0 - -. or 1 g 1 The grant ne e not libre mor

1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
7.5	00784 CERTIFICATE OF DEATH 0073	34
funeral and and er death	TANK LINE	ford
urs afte by the Pages Pages	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Aberdeen  c. LENGTH OF STAY IN 1b  c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  Aberdeen	/
lled in 12 ha	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  128 N. Philadelphia Blvd.  128 N. Philadelphia Blvd.	e is residence on a farm? Yes
certificate be executed within 24 haurs after death.  g physician and campletely filled in by the funeral lhen please remave carban papers. Pages 1 and 2 maval, and in any event, within 72 hours after deather	DECEASED (Type or print)  BEATRICE LONG MILLER DEATH January 2	
execute d camp mave c	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 6 April 1912 9 AGE (In years Jost birthdoy) Months Day	rs Haurs Min.
ote be continuated the period of the continuated the continuat	10a JSUAL OCCUPATION (Give kind of wark done during most of working life, eyen if retired)  Housewile  10b Kind of Business or III BirthPLACE (County & State, or foreign country)  Penna.  12. CITIZEN  COUNTR  Penna.	S.A.
certifica g physi hen pli maval,	Charles Long 14 Mother's Maiden Name Myrtle Simpson	
The dimension of the state of t	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Laknawn) (If yes give wor ar dates of service) 16. SOCIAL SECURITY NO. Ralph J. Miller, Aberdeen,	Md.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leath certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematist permay, and in any event, within 72 hours after death	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) pulm in any clother I	INTERVAL BETWEEN ONSET AND DEATH HOUSE
The formation of the second of		19 WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: The law he haspital or attendin his certificate has bee stacked for use as the Dept. af Health priar i	200. ACCIDENT WAS UNDERLYING	
NG PHY y the ho er this e e detack ate Dep	20c. TIME OF INJURY Month, Doy, Yeor Haur a.m.  19	
OR ATTENDING be retained by the MRECTOR: After a 3 shauld be ded with the State	sow the deceased alive on 1-2-67 19 and that death accurred at 1:40 MANom causes and an the c	
OR AI be reft DIRECT DIRECT Sign 3 shilled with	ATTENDING & ARTS CTARE	2-67
TO HOSPITAL Page 4 may O FUNERAL I director, page should be fil	NAME (Type)  B. J. Plunkett Jr. M.D. 617 W. Bel Air Ave. Aberd  23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	
E E 18	Burial 4 Jan. 67 St Paul Lutheran Cemetery, Aberdeen,	Md.
VR A15 (4) 50 M 1/66	Welsh Mccouler St. Aberdeen Md. DATE JAN 6 1867 Mary	es fuga



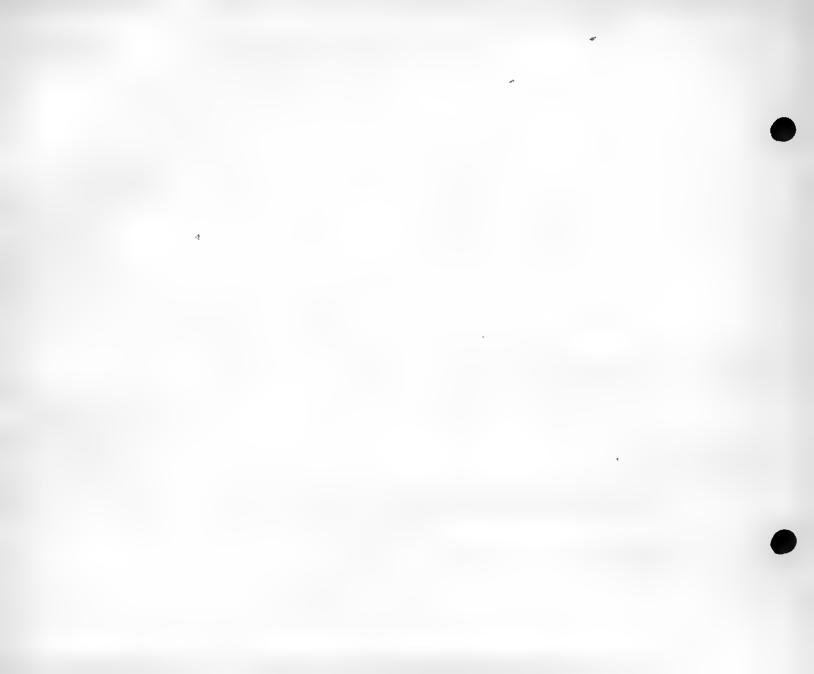
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY 24 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) been signed by the attending plysician and completely filled in by the the burial-transit permit. Then please remove carbon papers. Pages ir to burial, cremation, or removal, and in any event, within 72 hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 d. NAME OF HOSPITAL OR e. IS RESIDENCE ON A FARM? NO. YES NAME OF executed within DATE Month Middle Day DECEASED (Type or print) DEATH 19 IF UNDER 1 YEAR HE UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years last birthday) Months I Days Hours 19 Dec. 1890 WIDOWED X 76 DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amelia Leeblein Oberdorffer George 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes pive war or dates of service) 212-118-6569 17. INFORMANT Address death Katherine M. Peery. Aberdeen, Maryland INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the for use as the Health prior t underlying cause last, this certificate has CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES [ NO K 20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) Affter 1 Hour a.m. While Not While be retained by at work at work DIRECTOR: At age 3 should fled with the S 19 67 to JAN. 21. I certify that (I) (this hospital) attended the deceased from JAN 100 , and that death occurred at 945M, from the causes and on the date stated above. saw the deceased alive on IAN 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING STAFF PHYS. MED. DIRECTOR Jan. 14, 1967 TO HOSPITAL Page 4 may h
TO FUNERAL DI
director, pag M.D. PHYS. PHYSICIAN'S 22d. ADDRESS M. W. ISHAK, M.D NAME (Type) Havre de Grace. Maryland 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) Angel Hill Cometery Havre de Grace, Maryland Jan. 67 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. Merdeen, Maryland VR A15 (4) 15M 4-64



A STATE OF THE PARTY OF THE PAR		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND
4	- N	00786 CERTIFICATE OF DEATH 00786
de di	funeral and 2 death	1. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission
ter	he fa s 1 fter	Hartord MARYLAND Md HACTORD
S at	by t Page Irs a	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town)
hours after	d in rs. 2 hou	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
24	sician and completely filled in by the flease, remove carbon papers. Pages 1 and in any event, within 72 hours after	HARtord Memorial Hospital P.O. Box 184 VES NO.
ith.	etely bon wit	3. NAME DF DECEASED First Middle Last 4. DATE Month Day Year
p v	car vent	(Type or print) Incima Whitney Winster DEATH JANUARU 27 1961
ecute	move	In last birthday) Months Oays Hours Min.
Š	E 9 E	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND DF BUSINESS OR   11 BIRTHPLACE (County & State, or foreign country)   12, CITIZEN OF WHAT
9.	physician in please (wal, and in	SECRETERY PHOTO SHOP HAVE DE GRACE, MD. C.SA.
Ifficat	g phy en p oval,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
cert	ndin Th	HARRY C. WHITNEY  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  A
ath	atte ermit n, or	(Yes, no. or unknown) (If yes give war or dates of service)  TROB T. MINSTER HAVEE DE GRAGE
	the it pe	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
at th	d by transcreen	PART I. DEATH WAS CAUSED BY: Gastro intestinal homorrhage & Brieghalgrathy Exyo
is th	signe rial-l rial,	Conditions, If any, which ) DUE TO Alcoholic curhosis & Ammonia Interior from years
quire	to bu	gave rise to immediate (
× re	ior th	underlying cause last. (c)
PHYSICIAN: The law requires that the death certificate be executed within the hearital or attending apprecian	FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permit. Then p should be filed with the State Dept. of Health prior to burial, cremation, or removal,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C
CIAN	certification of H	20a. ACCIDENT WAS UNDERLYING (1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) B OR CONTRIBUTING (1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSI Property	this etach Dept	
2.4 2.4 2.4	fter be d state	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at
ATTENDING	R: Al	21. I certify that (I) (this hospital) attended the deceased from 1 - 10 , 1967, to 1 - 21 , 1967, that (I) (we) last
ATTENDI	short short	saw the deceased alive on 1967, and that death occurred at 1967, from the causes and on the date stated above 22a. SIGNATURE 22b. PATE SIGNED
54	DIR DIR Jed v	M.O. ATTENDING MED. STAFF 1/21/67
TAL	RAL Tr, per be fi	22c. PHYSICIAN'S NAME (Pype)
10 HOSPITAL	O FUNERAL DIRE director, page 3 should be filed v	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2	<b>5</b> 원생	BURIAL (Specify) 1=24-67 BILPIN MANOR MEM. PK. ELKTON, MAD.
	1	24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE
	M 4-64	PIPPIN FUNERAL HOME BLATO MY MD DATE JAN 24 1967 John Judge



0 1	i	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		10787
HEALTH DEPT.	F	00/07
D'		PLACE OF DEATH O. COUNTY  MARYLAND  D. CTY DR IDWN (If ourside corporate limits, write RURAL and a veinecress town)  CTY DR IDWN (If ourside corporate limits, write RURAL and a veinecress town)
delay is 2, and 3 to PM3. Page oart ment off		RAL and give nearest tawn) TON ZOVRS. Darling 70
ora e Deg		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d STREET ADDRESS  e IS RESIDENCE ON A FARM? YES NOT
This certificate should be executed within 24 hours ofter death. If any delay is icote, writing the word "pending" in penci. In Item 18. Give Poges 1, 2, and 3 to be forwarded to the Chief Medical Exominer's Office olong with form. PM3. Page 1 be used as a burial-transit permit. Fig. 2007 is 1 and 2 with the State Department of the burial, cremotion, or removal, and in my event within 72 hours ofter death.	3	NAME OF DECEASED (Type or print) MARYLANED V. Middle Mulphy DATE Month Doy Year OF DEATH JANUS 1-1 5, 1967
s often 18 Gr e olong 2 with	S	SEX 6 CO.OR OR RATE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (n yeors lift wider 1 YEAR IF UNDER 24 HRS lost birthdoy) WIDOWED DIVORCED JULY 3, 90 9 AGE (n yeors lost birthdoy) Widowith Doys Hours Min
24 hours in Item 1. 's Office s lond 2.	10d du	in USUAL OCCUPATION (Give kind of work done ing mest of working life, even if retired)  10b K ND OF BUSINESS OR INDUSTRY  INDUSTRY  CONOWINGO MB.  12 CITIZEN OF WHAT COUNTRY?
II o III	13	FATHER'S NAME 14. MDTHER'S MAIDEN NAME
d within in penci Exomine		ESTIL ROOF AUGUSTA GRIEST
reuted v ng' in dical Ex	15	WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SDCIAL SECURITY NO  17 INFORMANT  Address  Address  Address  Address  Address  Address  Address
ate should be executering the word "pending" of to the Chief Medical to burial-transit permit cremotion, or removal,		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)
ord e Ch		DUE TO
sho s th o th burit		Conditions, if ony, which gove (b)
afe g th sd t		stoting the underlying couse DUE TO
certifica , writing orwarded used os burial, c		, 10
his certificate obe, writtee forware be used to buria	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED?  YES \( \sum \) NO
	CERTIF	200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port II of nem 1B)  PRIMARY FOR CONTRIBUTING TO CONTRIBUTING TO PORT II of nem 1B)  Butheful to the contribution of injury in Port II of nem 1B)
EXAMINER: T cute the certifica age 4 should b your files Poge 3 should cd ogent, prior	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED > 20e PLACE OF INJURY (Hame, form 20f (City or town) (County) (State)
L EXAM ecute th Page 4 or your R: Poge ored oge	E	1715 am 1 - 4 196 of work of work to the factory street, office bldg, etc)
AL EXECUTE TO PORT FOR PROTECTION		21   certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ond in my opinion
MESTAL leose executives director. Perained for DIRECTOR		deoth resulted from: Notural causes Accident, Suicide, Homicide, Undetermined monner
JIY MEATAL E		SIGNATURE SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
O DEPUTY MESTAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health or its designated age		EXAMINER'S NAME (Type) GETAL OF PALM CS-A) Address (Street, city, town, or county) BOALS MY
TO D nece the 5 m 5 m	23	BURIAL (REMATON, 23b DATE THEREOF 23c NAME OF CEMETERY OR (REMATORY 23d LOCAT ON (City or Town) (County) (Stote)  THOUGH (Specify) L-7-67 DARLINGTON DARLINGTON, MD.
VR AISME (5)	1	FUNERAL DIRECTOR  ADDRESS  250 REC D BY REGISTRAR 256 REGISTRAR 1967  DATE JAN 9 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death, USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE DF DEATH
a. COUNTY b. COUNTY MARYLAND c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours physician and completely filled in b n please nemove carbon papers. Pa val, and in any event, within 72 hour d. STREET ADDRESS 14 N. Williams St. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address) ON A FARM? 230 30 X No 🔯 YES NAME DF DECEASED DATE Day Middle Month 9. AGE (In years | IFUNDER 1 YEAR | FUNDER 24 MRS | Months | Days | Hours | Min. (Type or print) DEATH \_ DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED March 30, 1888 WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY HANFORD Co., MANYIAND HOWEWOKEL U.S.A. HOUSEWIFE that the death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME n signed by the attending publical-transit permit. Then burial, cremation, or remova CLAMA CAIN 17. INFORMANT(200) 238-3300 Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I WALL SHEET (Yes, no, or unkown) (If yes give war or dates of service) Mr. HARRY St. A. O'NEIL BEI Air Ma. 21014 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per/line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: Craux the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which been gave rise to immediate the c DUE TOcause (a), stating the underlying cause last. as (c) certificate has WAS AUTOPSY CERTIFICATION PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PERFORMED? YES T NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) 20b. for FUNERAL DIRECTOR: After this cert director, page 3 should be detached should be filed with the State Dept. of 20f. (City or town) (County) (State) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work be retained 21. I certify that (I) (this hospital) attended the deceased from Tten Z and that death occurred at 10 4M, from the causes and on the date stated above. Chn 23 nd 195 saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. PHYS 4 тау PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) BAltimore, Manifes REMOVAL (Specify) Loudon Park CEMETERY Jan. 26, 1967 Hirwal 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR W. Broadway & Williams 25a. 24. FUNERAL DIRECTOR VR A15 (4) Joseph william Foster BEI Air Mamland 21014 DATE 15M 4-64 mouth witherin



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY hours after MARYLAND ARFORd by the b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Page event, within 72 hours filled in CA 445 edge Wood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO DO 05, and completely fremove carbon p executed within 3. NAME OF DATE Month Day Year Middle Last DECEASED ANUARY (Type or print) DEATH 196 PR 5. SEX DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 6. COLOR OR RACE 8. 9. 7. MARRIED NEVER MARRIED Months Days Hours any Nov. 8, 1882 WIDOWED 7 DIVORCED 104. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR physteian n please r val, and in 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Housewife none 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova as the burial-transit permit. The prior to burial, cremation, or removing Louise Knoblock Henry Neumeister 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates of service)] 17. INFORMANT 16. SOCIAL SECURITY NO. Address Md. Mrs. Wm. Fertig, 2112 Trimble Road, Edgewood 216-48-1054 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last, CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use F Health p PERFORMED? certificate YES A NO F 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) detached f te Dept. of MEDICAL. 120e, PLACE OF INJURY (Home, farm, (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While be Stat p.m. at work at work ATTENDIN OR ATTENDIN be retained t with the 19 4/ , that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from fo FUNERAL DIRECTOR; director, page 3 shoul and that death occurred at saw the deceased alive on M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE page STAFF PHYS. ATTENDING DIRECTOR Page 4 may PHYS. PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Bel Air Air Memorial Gardens Habford Jan.12.1967 Burial REGISTRAR'S SIGNATURE REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR ADDRESS 24. Abingdon. Md. Howard VR A15 (4) McComas & Son 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00790 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, function) Residence COUNTY **b** COUNTY Jo death. MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside comparate mits outside carparate limits, write RURAL and a ve neorest tawn) puo 300AVS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? form ote De haurs after death Office along with 3 NAME OF 4 DATE First Month DECEASED ŌΕ he within DEATH (Type or print) S SEX AGE 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH n yeors last oirthday) Months Davs Haurs WIDOWED DIVORCED event CV. 10o. LISUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? VNO HOUSE WIFE 13. FATHER'S NAME wiffin 14. MOTHER'S MAIDEN NAME penci STANDIFORD and 783405TEBRIDGES 16 SOCIAL SECURITY NO INFORMANT be executed removol permi GOW DUNDALK. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) burial-transit PART 1 DEATH WAS CAUSED BY ONSET AND DEATH 5 IMMEDIATE CAUSE (a) This certificate should writing the word cremation, DUE TO Canditions, if any, which gave rise to immediate cause (a), should be forwarded to DUE TO stoting the underlying couse buriol, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAI DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO DE the certificate. YES designated agent, prior to pe 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of niury in Part I at Part 1) of tem 18.) PRIMARY POF CONTR BUT NG CAUSE OF DEATH. 20c TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (County) (State) foctory, street, office bidg , etc.) YOUR FINERAL DIRECTOR: Page reva N 21. I certify that I tack charge of the remains described above, held an Autapsy Inspection A for Inquiry and in my apinion the funeral director. death resulted fram: Notural causes Hamicide Undetermined manner Suicide may be retoined TO FUNERAL DIS Heolth, or its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE C TO DEPUTY DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) DATE THEREOF 23c. NAME OF CEMETERY OR CREMAJORY BURIAL CREMATION. 23d LOCATION (City or Town) ANGEL FUNERAL DIRECTOR ADDRESS VR A15ME (5) 6M 1/66



1 (IVI)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
4 20.4	00791 CERTIFICATE OF DEATH 007				
24 hours after death. filed in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Reside a. STATE b. COUNTY	nce before admission)			
irs aft by th Pages burs aff	b. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town)  TOUCH OF TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town)	give nearest town)			
filled Ir papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  Harford Meisocia (19 Market St.	e. IS RESIDENCE ON A FARM? YES NO			
be executed within cian and completely see remove carbon of in any event, with	3. NAME OF DECEASED (Type or print) / Priest / Accorded for DEATH / Accorded for DEATH	Year 1967			
xecuted and com emove	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1894 9. AGE (In years IFUNDER 1 YE last birthday) Months Day  WIDOWED DIVORCED 3/4/16901 1894 7/472 yrs.				
be estician signal	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if regred)  11. BIRTHPLACE (County & State, or foreign country) 12. CITIZI COUNT (COUNT)	EN OF WHAT			
certificate nding pins Then ple removal, a	James Kelly  14. Mother's Maiden Name  Mary Kelly				
leath ce attendi ermit. on, or re	15. WAS DECEASED EVER IN U.S. ARMED FORDES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Hyes give war or dates of service) while Howard Balloch Legards line	4 Mid			
at the can. d by the ransit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  O  IN O  O  O  O  O  O  O  O  O  O  O  O  O	NSET AND DEATH			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formation; page 3 should be detached for use as the burlat-ransit mermit. Then please remove carbon papers. Pages 1 should be filled with the State Dept. of Health prior to burlat, cremation, or removal, and in any event, within 72 hours after	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO  DUE TO  DUE TO  DUE TO				
he law or atten tre has use as alth pric	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
PHYSICIAN: T the hospital of this certifica detached for e Dept. of He	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  3. DESCRIBE HOW INJURY OCCURRED. (Enter nature of July In Part I or Part II of Item 18.)	10			
NG PHYS by the l fter this be detad	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, left of factory, street, office bidg., etc.) at work at work at work	(State)			
TENDI tained told fish	saw the deceased alive on				
OR ATTENDING F y be retained by t y DIRECTOR: After age 3 should be died with the State	22a. SIGNATURE DIRECTOR DIRECTOR DIRECTOR PHYS. 22b. DATE  M.D. PHYS. PHYS. DIRECTOR PHYS. DIRECTOR DI				
O HOSPITAL C Page 4 may l O FUNERAL D director, page	22c. PHYSICIAN'S NAME (Type) SANTIAGO LEYTE-VISAL 22d. ADDRESS 114 11. BEL ALE				
TO HOS Page - TO FUNI directs	23a. (BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county, REMOVAL (Specify) 1/1/67 ADDRESS 23a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	d'			
VR A15 (4) 15M 4-64	Tunny In Dan Hand Share, Md. DATE JAN 10 1867 prent	es Judas			



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00792 CERTIFICATE OF DEATH 00792 : The law requires that the death certificate be executed within 24 hours after death. and 2 deoth. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission the attending physician ond campletely filled in by the funeral isit permitimathen please remove carbon papers. Pages I and PLACE OF DEATH o. COUNTY **B COUNTY** Maryland Harford Harford MARYLAND papers. Pages I b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 50 years Abingdon Abingdon IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) d STREET ADDRESS Long Bar Harbor Long Bar Harbor NO X YES NAME OF 4. DATE First Month Year DECEASED (Type or print) JANUARY 19 67 FLORENCE ESTELLE RATCLIFFE DEATH DATE OF BIRTH AGE (In years IF UNDER 1 YEAR JF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED dust birthdoy) Hours Oct.26.1884 White Female WIDOWED DIVORCED 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) USATRY? INDUSTRY Baltimore, Maryland none 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Samuel Burns Ratcliffe Florence Hoffner 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Md (Yes, na, or unknown) (It yes give wor or dates of service 220-44-6007 Donald B. Ratcliffe, 917 Army Road, Towson 4 no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line sery(o), (b), and (c)) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause Page 4 may be retained by the hospital or ottending this certificate hos been lost. 19. WAS AUTOPS'
PERFORMED? PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO X al ٥ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year factory, street, office bidg, etc.) Hour o.m at work of work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram Actin 2 and 19 22, and that death accurred at S.A. M. from causes and an the date stated above saw the deceased alive an\_ 220. SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR M.D. PHYS 22c PHYSICIAN'S Edward Loo. M.D. Union Ave., Havre de Grace, Md. NAME (Type) director, 23d LOCATION (City or Town)
Baltimore 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) (Stote) REMOYAL (Spreify) Md. Loudon Park Cemetery Jan. 5.1967 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 McComas & Son, Abingdon, Md. 21009 DATE JA

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH JON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00793 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE b. COUNTY (HARLE (M.)) 1. PLACE OF DEATH a. COUNTY 24 hours after Sician and completely filled in by the lease remove carbon papers. Pages I and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) c, CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b d. Name OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO P executed within NAME DE DATE Month Oav Middle Last DECEASED DEATH (Type or print) ANUA AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 6. COLOR OR RAGE fast birthday) Months NEVER MARRIED Days May 15, 1906 WIDOWED attending physician a 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR INDUSTRY 11. RIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? W. Jefferson. North Carolina USA Auto Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Leona Roberts Jonah Richardson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Haltimore . Md. 16. SOCIAL SECURITY NO. been signed by the attenthe burial-transit permit. (Yes, no, or unkown) ((f yes give war or dates of service) that the death Mr. Jerrel Richardson, 20B Cedar Drive. 216-18-0259 No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line tof (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) the hospital or attending physician. DUE TO Conditions. If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the this certificate has b underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY detached for use e Dept. of Health 1 PERFORMED? YES IX NO 202. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) RECTOR: After this cer 3 should be detached with the State Dept. or MEDICAL TIME OF INJURY Month, Oay, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While - Not While at work ATTENDING at work to CANUARU 221967 that (I) (we) tast TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from - ANUBRU ZZ 196 saw the deceased alive on Januaru 22 \_\_19 67, and that death occurred at 11 22M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING Jan. 23, 1967 Page 4 may 1 M.D. PHYS. ADDRESS 22d. PHYSICIAN'S NAME (Type) Havre de Grace. Harford Co.. Md. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) BelAir Memorial Gardens Bel Air Harford MdBurial REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR VR A15 (4) Howard K. McComas & Son. Abingdon, Md. 21009 DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00794 CERTIFICATE OF DEATH 00794 and completely filled in by the funeral remove corbon papers. Pages 1 and 2 remove event within 72 hours after death requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. COUNTY Harford a. STATE MARYLAND c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town Cardiff vrs. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS NO THE YES 3 NAME OF First Middle 4. DATE Manth Lost Day Year DECEASED 1967 January Marv Ross (Type or print) DEATH IF UNDER 24 HRS SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF JNDER TYEAR 7. MARRIED NEVER MARRIED lost anthday) Months Days Female March 1.1884 White WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, at fareign country) 12. CITIZEN OF WHAT during most of working lite even if retired) INDUSTRY Harford Co., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carrie Stull Thomas Parry IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates at service) Mrs. Mabel Love Delta, R.D., Pa. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (k)) signed by the buriol-transit p ONSER AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditians, if any, which gove rise ta immediate cause (a) DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES -NO Z و 20g. ACC DENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Not While at wark at wark 1950 to 21. I certify that (I) (this hopital) attended the deceased fram. saw the deceased alive an 1967, and that death accurred at 3A MAzom causes and an the date stated above 22a. STONAUIPE 22b DATE/SIGNED ATTENDING DIRECTOR M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME(Type) Delta, Pa. Josiah A. Hunt director, p 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b. DATE THEREOF (County) (State) 23a BURIAL CREMATION, REMOVAL (Specify) Delta. York Co., Slate Ridge DET REGISTRANS SIGNATURE 2Sa. REC'D BY Delta. VR A15 (4) 20 M 1/66 DATE



2/ 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
11 -2 50	ا ئے ا	00795		CERTIFICATI		(	0795
24 hours after death.	héath	1. PLAGE OF DEAT	TH , , , , , ,	1		ere deceased lived, If Institution:	
er o	ie \	a. COUNTT	Harlor,	MARYLAND	a. STATE - MA	b. COUNTY	TRFORA
is after by the ti	S a	b. CITY OR TOV	WN (if outside corporate limits, L and give nearest town)	c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	le corporate limits, write RURAI	. and give nearest town)
in I	[혈기	TO VIEW (	OSPITAL OR INSTITUTION (If not in	1,0.00	MANRE	- de - (TR	0. IS RESIDENCE
ires that the death centificate be executed within 24 hours a physician.  signed by the attending physician and completely filled in by hurial-transit permit. Then please remove carbon papers. Page	72	HORFOR	d lile man A D la	tospital, give street address)	d. STREET ADDRESS	Soil ST	ON A FARM?
hin hin	達 /	3. NAME OF	O THE THOR IGH	// Middle	Last 4	DATE Month	YES NO Day Year
be executed within clan and completely	it it	DECEASED (Type or print)	Thendore	Lewis S	PROUSA	OF DEATH /	28 1967
uted corr	eve	5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	DATE OF BIRTH	9. AGE (In years   IFUNDER	1 YEAR IFUNDER 24 HRS. Days Hours   Min.
exect	any	Marc	MAILE WIDOWEL		11/20/19/3	53 yrs.	
be clan	. E	during most of wor	ATION (Give kind of work done life, even if retired)	KIND OF BUSINESS OR INDUSTRY	IL BIRT HPLACE (County &	State, or foreign country) 12, 0	OUNTRY?
ate hysi	<u></u>	13. FATHER'S NAM	ME PLOYER I a	about	14. MOTHER'S MAIDEN NA		'7 X1
Legal Park	100 E	Nam	y of Desource	_	Kallie Do	ividoon	
r cell	or re	15. WAS DECEASED (Yes, no, or unknym)	DEVER IN U.S. ARMED FORCES?   16	S. SOCIAL SECURITY NO. 17.	INFORMANT	610 ane Do	2.6
requires that the death certificate iding physician. The present of the present of the physician the high-franch permit. Then nice	u,		ko- I		mard Sprous	- Hound &	Lace Md
y the table to	mat		F DEATH [Enter only one cause per	line for (a), (b), and (c).]	<i>a</i> 0 0 .		ONSET AND DEATH
hat 1 cian. ed b	55.	471	DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a)	ute Coronary	Thrombosis		
es the sign sign sign	urial	Conditions, if	any, which ) DUE TO	her me attice Cour	dition		
ng p een	\$ \$ \$	gave rise to	Immediate (				
law requires that t attending physician. has been signed b e as the burial-tran	rior	underlying cau	use last. ) (c) Cord	eriosclerotic A	eart disease		Lie Was AllTopay
r ath	th i	PART II. OTHER  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	RSIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	ECONDITION GIVEN IN PART 1(a)	PERFORMED?
PHYSICIAN: The the hospital or a this certificate	Hear of the	20a. ACCIDENT	T WAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injur	y In Part I or Part II of Item 1	YES NO X
icia ospi cert bed	i o	OR CONTRIBUT	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		•		
HYS he h this	Deb	0		facto	CE OF INJURY (Home, farm, ) ry, street, office bldg., etc.)	2Df. (City or town) (Co	ounty) (State)
Ma P by t Her	State	Hour a	.m. 19 While o.m. 19 at wo	e Not while :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ATTENDING retained by CTOR: After	the		ify that (I) (this hospital) atten	ded the deceased from	11/27 1962		57, that (I) (we) last
STO CTO	1 E	saw the de	2000000 DILLE DIL	6 19 67, and that	death occurred at 3.102	M, from the causes and on	the date stated above.
8 8 8 8	ed w		Jauras J. St	malwey M.D	ATTENDING MED. PHYS. DIREC	TOR PHYS.	28/67
ITAL may	e E	22c. PHYSICI NAME (	IAN'S Type)	. /	22d. ADDRESS		
TO HOSPITAL Page 4 may TO FUNERAL			George 1. Ot	ansbury		St. Howrede Graca,	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requir Page 4 may be retained by the hospital or attending progress. The Puneral Directors: After this certificate has been allowed a submit he detached for use as the in	sho	23a. BURIAL CRE REMUVAL (S	mation, 23b. Date thereof pecify)	23c. NAME OF CEMETERY	OR CREMATORY 23	DO LOCATION (City, town or co	MA
	6	24. FUNERAL DIR	RECTOR 1	ADDRESS	25a. REC'D BY		R'S SIGNATURE
VR A15 (- 15M 4-64	(4) TA	Lanna	ene tul en Ha	med Chan	Mol. DATE FE	3 1 1967 July	arles Judge
13W 4-04	1 2		0				



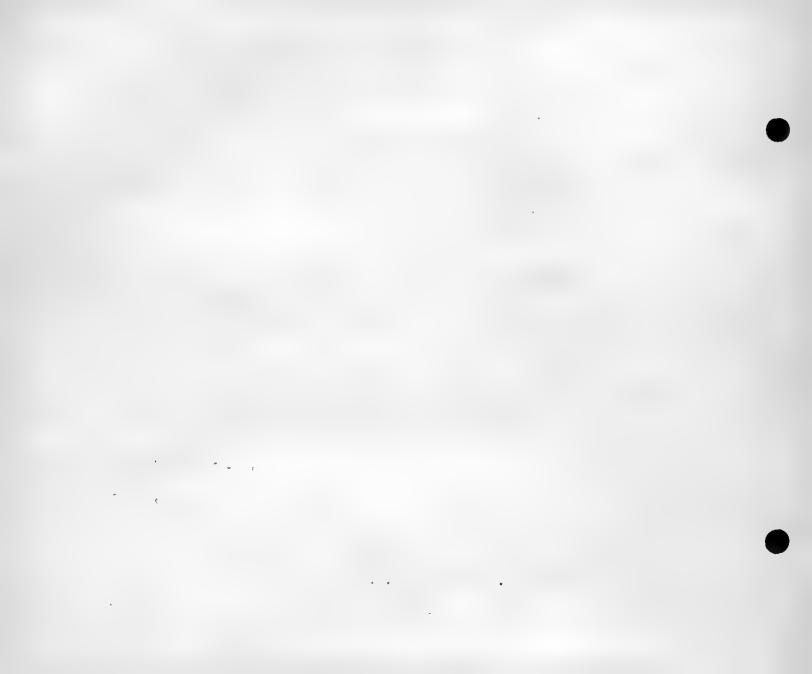
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH funeral and 2. after death. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, (f institution: Residence before admission) b. COUNTY y filled in by the fu papers. Pages 1 d hin 72 hours after d a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY/OR TOWN At outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION e. IS RESIDENCE (if not in hospital, give street address) d. STATET ADDRESS ON A FARM? industry physician and completely fill the please remove carbon pay or removal, and in any event, within YES NO X executed within NAME OF Middle DATE Month Las! Day DECEASED (Type or print) DEATH 19 5. "SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIEO NEVER MARRIED! WIDOWED [ DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b, KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) wn Home COUNTRY? Own JSAN FATHER'S NAM MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address this certificate has been signed by the additionable to the burial-transit permit, bept. of Health prior to burial, cremation, or The law requires that the death M.F. Strawbridge, Whiteford. Md. the 18. CAUSE OF BEATH [Enter only one cause per line for (a) /(b), and (pr. ] INTERVAL BETWEEN ONSET AND DEATH PART I, OEATH WAS CAUSED BY: PHYSICIAN: The law requires that to the hospital or attending physician. IMMEDIATE CAUSE (a mussive DUE TO Conditions, if any, which (p) gave rise to immediate DUE TO cause (a), stating underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. PERFORMEO? NO YES . 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) detached TO FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept. MEDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) TIME OF INJURY Month, Day, Year (County) factory, street, office bidg., etc., Hour a.m Not-While While OR ATTENDING . 19 at work at work ATTENDIN 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2/19/0 and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. Page 4 may 1 M.D. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS -22c. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREO NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Cenetery Paul Co vlesvi le. Harford 25b. REGISTRAR'S SIGNATURE 25a. REC'O BY REGISTRAR PONERAL DIRECTOR **AOORESS** 1967 VR A15 (4) Stewartstown, Penna DATE 15M 4-64



1 . 1	Division of STATISTICAL	MARYLAND STATE DEPARESEARCH AND RECORDS, 301 N	ARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE	, MARYLAND 21201
· M	00797	CERTIFICATE	OF DEATH	00797
after death ne funeral ges i and after death	o. COUNTY HARFORD  b. CITY OR TOWN (If outside corporate limits,	MARYLAND	2 USUAL RESIDENCE (Where deceased lived o STATE ARYLAN c CITY OR TOWN (If outside torporate limit	b. COUNTY ARTORES  s, write RURAL and give nearest fawn)
cecuted within 24 hours after completely filled in by the fur love carbon papers. Pages 1 y event, within 72 hours after	1 1 The court of the second	ACT 3 MONTHS  Spiral, give street oddress)  SING HOME	STREE	e is residence on a farm? yes \( \) No \( \)
uted within	S SEX 6 COLOR OR RACE 7 MA	H Middle  RRIED NEVER MARRIED 8.	Lost 4 DATE OF DEATH DATE OF BIRTH 9 AGE (	Month Doy Year  5 19 6 7  In years IF UNDER I YEAR IF UNDER 24 HRS 11 Hoday) Months Doys Hours Min
ate be execut	1 1 1	OWED DIVORCED 100 KIND OF BUSINESS OR INDUSTRY	10 - 14 - 83 loss 11 BIRTHPLACE (County & State, or foreign co	yrs.
ng physical	13. FATHER'S NAME  BASIL TRE  IS WAS DECEASED EVER IN U.S. ARMED FORCES?	AKLE  16 SOCIAL SECURITY NO 17, INF	14. MOTHER'S MAIDEN NAME  SARAH E,  ORMANY	HUFF
t the death the mitter sit permit.	(Yes, no unknown) (If yes give wor or dotes of service  18 CAUSE OF DEATH (Enter on y one couse per PART 1 DEATH WAS CAUSED BY	Ma	ELLA SCARFE	TD M
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. be retained by the hospital or attending physician.  DIRECTOR: After this certificate has been signed by the stending physician and completely filled in by the funeral is 3 should be detached for use as the burial-transit permit. Therefore remove carbon papers Pages 1 and 2 death the State Dept. of Health prior to burial, cremation, or removed, and in any event, within 72 hours after deptified with the State Dept.	Cond trans, if any, which gove use to immediate cause (a), storting the underlying cause last (c)	found des	or whack	
ICIAN: The law repital or attending reficate has been of for use as the of Health prior to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	ne_		YES NO
JING PHYSICIA by the hospital fler this certific be detached fo	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 TIME OF INJURY Month, Doy, Yeor Hour o.m.	20d INJURY OCCURRED 20e PLACE	of injury in Part I at Part II af it  OF INJURY (Home, form, , street, office bldg, etc.)	em 18.) or town) (County) (Stote)
OR ATTENDING De retained by th NRECTOR: After if e 3 should be de ed with the State	21. I certify that (I) (this haspital) saw the deceased alive on	attended the deceased fram	CEC 25, 1966, to	that (I) (we) last causes and on the date stated abave
may be retained RAI DIRECTOR: A RAI DIRECTOR: A r, page 3 should be filed with the	220 SIGNATURE  221 PHYSICIAN'S	. Lfu M.D.	ATTENDING MED. S	TAFF D 22b DATE SIGNED 67
Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	NAME (Type)  230 BURIAL, CREMATION, 23b DATE THERFOF	23c. NAME OF CEMETERY OR CRE		
20 O N A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR	DELTA PA	DATE AN 1 196	25b. REGISTRAR'S SIGNATURE



1 1	MAR DIVISION OF VITAL REC		ARTMENT OF HEALTH N STREET, BALTIMORE,		
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH				08843
000	PLACE OF DEATH O COUNTY HARFORD	MARYLAND	2 USUAL RESIDENCE (Where o. STATE UNKNO	h collists	Residence before odmission)
uny delay is n. 2, and 3 to n. PM3 Page	b CITY OR TOWN (fourside corporate limits write RURAL and give nearest town)  FALLSTON	LENGTH DE STAY IN 16	c C TY OR TDWN (If outside	corporate limits, write RURAL	1
form P fo	d NAME OF HOSPITAL OR .NSTITUTION (f not in hosp to, give along State route #152 near		d STREET ADDRESS		e IS RES DENCE ON A FARM? YES NO
24 haurs after death if in Item 18. Give Pages r's Office along with far interdeath.	filbe or bitit)	orn Male		DATEPronounced DEATH Januar	Doy Year  Y 26 19 67 FUNDER 1 YEAR ] IF UNDER 24 HRS
haus aftern 18. Girle alon on and 2 with death.	SEX 6 CO.OR DR RACE 7 MARRIED WIDOWED	DIVORCED	3 DATE OF BIRTH	lost birthdoy) A	Months Doys Hours Min.
24 hau in Item r's Offices land	ring most of working life, even if retired) INDU:	OF BUSINESS OR STRY	11 BIRTHPLACE (State or for	reign country)	12 CT ZEN DE WHAT COUNTRY?
within 24 pencil in caminer's le pages hours afri	FATHER'S NAME UNKNOWN		14 MDTHER'S MAIDEN NAME	UNKNOWN	
executed vanding" in Medical Executed within 72 Purchase	WAS DECEASED EVER IN U.S. ARMED FDRCES? (es, no, or unknown) (If yes give wor or dotes of service)	TAL SECURITY ND. 17 I	NFORMANT	Address	
e, writing the ward "pending" in pencl in Item 18. Give Pages 1, farwarded to the Chief Medical Examiner's Office along with farm a used as a burial-transit permit File pages land 2-with the State Del naval gad in any event within 72 hours after death.	18 CAUSE OF DEATH (Enter only one couse per me for (o) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO   Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse   ODE TO     Conditions   Couse   C		injuries		INTERVAL BETWEEN ONSET AND DEATH
trificate, writing the farward of remayal and be used coor remayal and remayal	PART I. OTHER SIGN.E.CANT CONDITIONS CONTRIBUTING TO				19 WAS AUTOPSY PERFORMED? YES X NO
EXAMINER: ute the certif age 4 shauld your files. Page 3 shauld cremation, or	noat	RY OCCURRED 20e PLA Not While of work of work		ound beside r	(County) (Stote)  arford, Marylan
D DEPUTY MEDICAL EXAM necessary, please execute the funeral director Page 4 5 rune bar to bur ol, grema Health prior to bur ol, grema 2011	death resulted from Natural causes [],  ACTUAL SIGNATURE   Links   EXAMINER'S   Charles S. Spring: NAME (Type)	jete	M D  ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EX Address (Street, city	AINER  EXAM NER  AMINER	22. DATE SIGNED
5 = = 5	30 BURIAL (REMATION 23b. DATE THEREO) REMOVAL (Specify) 24 FUNERAL DIRECTOR	230 MAME OF CEMETERY OR ADDRESS		130 OCATION (C ty or Town	STEAR S & GNATURE
VR A15ME (5)	7-250201		DATE JUL	2 5 1967	charles Juga



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00798 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00798 HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functitation: Residence before admission) o. COUNTY n. STATE b. COUNTY Harford State Department of Marvland Harford MARYLAND b CITY OR TOWN (If outside corporate Hmits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) pup D.O.A. Havre de Grace Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE Office along with form ON A FARM? Harford Memorial Hospital Revolution Street in Item 18. Give Pages NO Z watanaba NAME OF Middle 4 DATE First Dov Year DECEASED WARREN S. MATANABE 23 19 67 January DEATH SEX IF UNDER 24 HRS 6 COLOR OR RACE 9, AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED B DATE OF BIRTH lost birthdoy) Male Hawaiian WIDOWED DIVORCED 72 hours ofter death 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OF BUSINESS OR 12 CT ZEN OF WHAT (State or foreign country) penci 13 FATHER S NAME be executed within 14 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (I yes a ve war or dates of service) event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY. Electrocution. IMMEDIATE CAUSE (b) e, writing the ward farwarded to the Ch DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DHE TO stoting the underlying couse remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY CERT, FICATION PERFORMED? YES K NO. 200 EXTERNAL CAUSE WAS PRIMARY-S or CONTRIBUTING 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port I or Port II of Item 1B.) 3 shauld ö Head came in contact with bare wire. CAUSE OF DEATH 20t TIME OF INJURY Month, Doy, Year Hour XXXIII 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or fown) (County) (Stote) While of work of work foctory, street, office bldg., etc.)
Laundry FUNERAL DIRECTOR: Page 10 67 Havre de Grace Harford Md. 21. I certify that I taok charge of the remains described above, held an Autopsy [X]. Inspection . Inquiry and in my opinion Natural causes death resulted fram: Accident X Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED TO FUNERAL DI Health prior t ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 1/24/67 **EXAMINER'S** Charles S. Pett NAME (Type) Address (Street, city, town, or county) 230 BURIAL CREMATION. 23c, MAME OF CEMETERY OR CREMATOR 23d LOCAT ON (City of Town) (Stote) REMOVAL (Specify) STINERAL DIRECTOR 25b REG STRAR S SIGNATURE 25o. REC D BY REG STRAR VR A15ME (5) 1967 6M 1/67



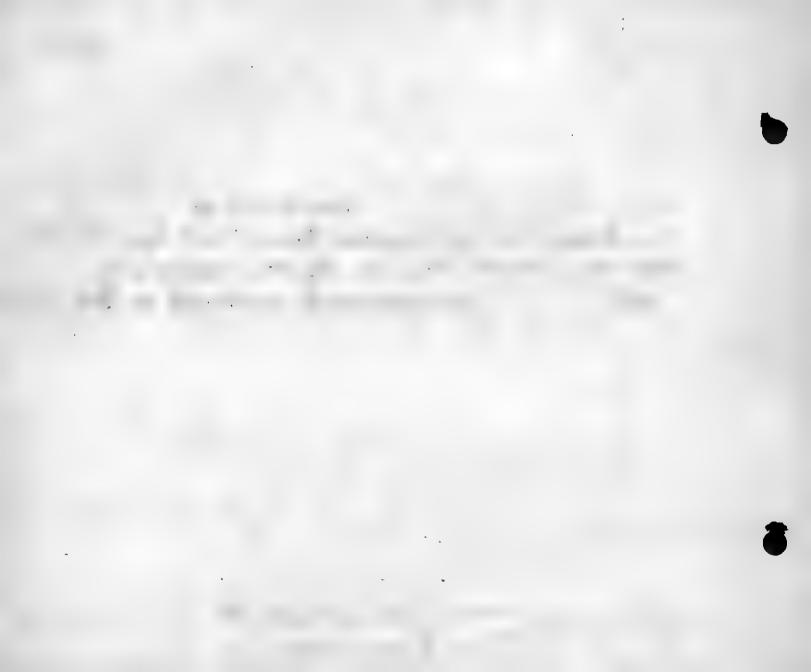
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) PLACE OF DEATH a. COUNTY 1. ande b. COUNTY iding pity ician and completely filled in by the factor of the papers. Pages 1 remove carbon papers. Pages 1 removal, and in any event, within 72 hours after MARYLAND C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town) 0 IS RESIDENCE d. STREET TITUTION (if not in hospital, give street address) ON A FARM? NO 🔽 YES within 3. NAME OF DATE Month Day Year Last 4. DECEASED 20 DEATH ANUARY 19 (Type or print) VeR executed AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED [ Dec. 59 DIVORCED [ WIDOWED e.ma 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Housewife Portsmouth. Virginia U.S.A. Home death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending permit. Then 10 Seb A550 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or in the state Dept. or the state burial contacts. (Yes, no, or unkown) ((If yes give war or dates of service) 218-38 Nellie Tomlinson. Aberdeen. No Md. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (C) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL (County) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While at work at work 1966 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1/45M, from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22b. 22a. SIGNATURE MED. DIRECTOR STAFF ATTENDING PHYS. M.D. PHYS. ADDRESS 22d. PHYSICIAN'S NAME (Type) Santiago Aberdeen. te-Vida] Maryland Le 23d. LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial Aberdeen, Maryland Gardens Jan. 67 Harford Memorial REC'D BY REGISTRAR N 2 3 1967 25b. REGISTRAR'S SIGNATURE Home 25a. FUNERAL DIRECTOR tianles VR A15 (4) Aberdeen. Md.

15M 4-64



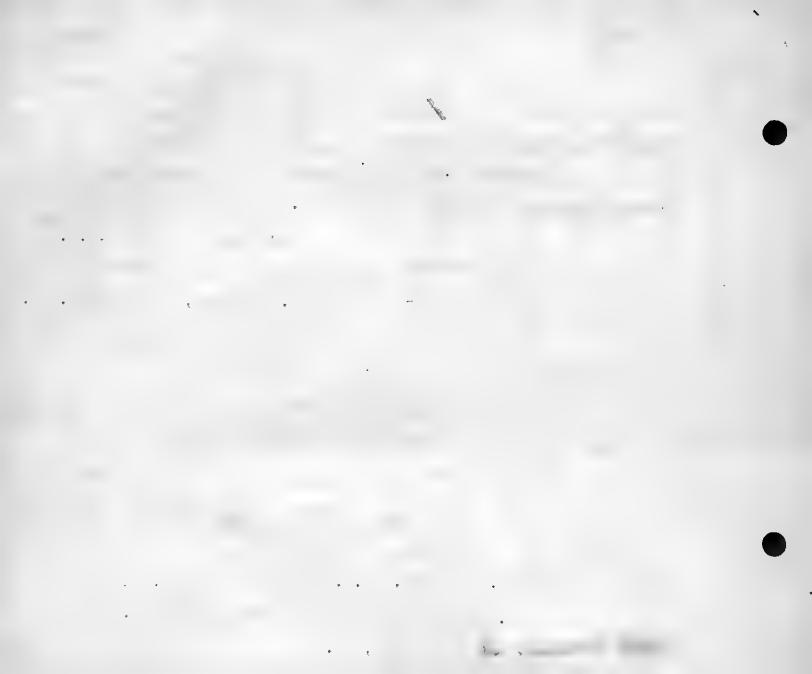
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00800CERTIFICATE OF DEATH funeral and 2 r death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 urs after after MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b Write RURAL and give nearest town) we carbon papers. Page event, within 72 hours filled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO. YES | | MO completely i within DATE Month Oay 3. NAME OF First Middle 4. Last DECEASED OF DEATH 19 (Type or print) AGE (In years | IFUNDE | last birthday) | Months IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH 9, 6. COLOR OR RACE 8. and cor NEVER MARRIED 7. MARRIED Days Hours апу DIVORCED MIDOWED attending physician a ermit. Then please re in, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT .5 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY 17. After this certificate has been signed by the atten I be detached for use as the burial-transit permit. State Dept. of Health prior to burial, cremation, or a (If yes give war or dates of service) (Yes, no, or imknym) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate **OUE TO** (a), stating underlying cause last. (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X YES OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. After While Not While 19 at work at work ATTENDING J FUNERAL OIRECTOR: Aft director, page 3 should b should be filed with the St be retained 196 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 12 ZM. from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF Q-MID DIRECTOR PHYS. Page 4 may 22d\_\_ADDRESS PHYSICIAN'S 22c. director, p NAME (Type) (State) LOCATION (City, town or county) DATE THEREOF 23c. CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. REMOVAL (Specify) 9 15 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. FUNERAL DIRECTO VR A15 (4) 15M 4-64



**DIVISION OF STATISTICAL RESEARC** ESTON STREET, BALTIMORE 1, MARYLAND DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission) a. COUNTY b. COUNTY \$ 7 2 YARFORD MARYLAND and b. CITY OR TOWN (if outside corporata fimits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give peerest town) papers. Pages 1 in 72 hours after HAUREDE GRACE completely filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO X Yeer 3. NAME OF DECEASED DATE Month within (Type or print) 19 carbon 5. SEX AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS and last birthday) Months event, certificate WIDOWED attending bilysician please Temove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! done during most of working tife, even if ratired) in any WIFE HOOSE 13. FATHER'S NAME MOTHER'S MAIDEN NAME Then | removal, ARMED#ORCES? 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (Ifyes give wer or detes of service) permit. 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and INTERVAL BETWEEN has been signed by 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e cremation, **burial-transit DUE TO** - tending gava rise lo immedieta cause **DUE TO** (a), stelling the underlying couse lest. DIRECTOR: After this correct A should be detached for use as the A should be detached for the A should b After this certifical PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS CERTIFICATION PERFORMED? NO 🔀 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18 OR CONTRIBUTING [] CAUSE-OF-DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While at work 193 causes and on the date stated above M. from the , and that death occurred at saw the deceased, alive on. 22a SIGNATURE 22b DATE SIGNED ATTENDING MED. DIRECTOR PITAS with # FUNERAL PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, i NAME (Type) death. (Stele) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 236. REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00802 CERTIFICATE OF DEATH death. and completely filled in by the funeral emove carbon papers. Pages 1. and 2 any event, within 72 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY a. STATE after HOLC MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours 11 IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? OA YES NO NO executed within NAME OF Middle DATE Month Day Year DECEASED DEATH < (Type or print) ANUAR 19 5. SEX AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months | Days | Hours | Min. 6. COLOR DR RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED 1892 Dec. WIDOWED T DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT physician or removal, and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) certificate be INDUSTRY COUNTRY? Housewife Home Virginaa U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown the att ride 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates of service)] 16. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the death ifter this certificate has been signed by the sets be detached for use as the burial-transit perm. State Dept, of Health prior to burial, cremation, of -48-3056 Churchville, Md. No Louis B. Wilmouth, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the cause. underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED?. NO L YES the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of item 18.) MEDICAL 20d. INJURY OCCURRED 120s. PLACE OF INJURY (Home, farm, (State) TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. - Not While Whlle TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State OR ATTENDING be retained by 19 at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from 196 1962, that (I) (we) last and that death occurred at 435 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING DIRECTOR Page 4 may PHYS. ADDRESS PHYSICIAN'S 22d. NAME (Type) Wachsman. M.D. Habre de Maryland Grace. (State) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. 23d. REMOVAL (Specify) Bel Air, Maryland Bel Air Memorial Gardens 67 Burial Jan. HOMESSA. REC'D BY REGISTRAR | 25b. Tarringor uneral REGISTRAR'S SIGNATURE 96 VR A15 (4) Aberdeen. Md. DATE 15M 4-64



- 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
, the second sec	00803 CERTIFICATE OF DEATH	00803		
death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institute as STATE of the County as STATE			
5 0 T 5	HARTOR CL MARYLAND MARYLAND	MAKTORY		
हिन्दू हैं	b. CITY OR TOWN (If outside dorporate limits, write write RURAL and give nearest town)  AURE OE GRACE 5 445  AURE OE GRACE 5 445	121		
hot hot	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
n 24 fille pape thin 7.	HARFORD MEMORIAL HOSPITAN 295 PARADISC	TO YES NO		
executed within 24 hours and completely filled in remove carbon papers.	3. NAME OF DECEASED (Type or print) A A/ES JULIA WORTH DEATH JANU	PR4 3 19 6 7		
rted comp		UNDER YEAR IF UNDER 24 MRS		
and any any	FEMALE WIDOWED DIVORCED II APPIL 1904 02 yrs.	12. CITIZEN OF WHAT		
	103. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  10b. KIND OF BUSINESS OR INDUSTRY HOUSEwife Home  Harford County, Md.	U.S.A.		
physical ple	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	0.0.1		
certifica rding pr Then remova	John G. F. Morlok Rozella A. DeMartin	1		
The law requires that the death certificate be or attending physician. The as been signed by the attending physicial ruse as the burial-transit permit. Then please selth prior to burial, cremation, or removal, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Hyes give war or dates of service) None George E. Wirsing, Aberde	em. Md.		
the ation	No   None   George E. Wirsing, Aberde	INTERVAL BETWEEN		
or the an.  J by ransi	PART 1. DEATH WAS CAUSED BY: Acute Pulmoran Declina	Shri		
ires that physician n signed burial-tral burial, cr	Conditions, if any, which ) DUE TO Are not Page for a formation of Internal Overage	2 days		
require ding ph been s the bu or to bu	gave rise to immediate cause (a), stating the OUE TO	7		
trending trending has been as the prior to	underlying cause last. (c) alculic Itaric Stenosis - nichable Khlenma	the years		
OR ATTENDING PHYSICIAN: The faw requires that the retained by the hospital or attending physician. FIRECTOR: After this certificate has been signed by a should be detached for use as the burial-transed with the State Dept. of Health prior to burial, created with the state Dept.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAID 202. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?		
CIAN: The ospital or a certificate hed for use to Health	20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
PHYSICIAN: the hospital this certifi detached fo e Dept. of H		(County) (State)		
ING PHYSICI d by the hosp After this cel After this cel State Dept.	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 126f.) (City or town)   factory, street, office bldg., etc.)   19   work   at work   at work   19   19   19   19   19   19   19   1	(County) (State)		
ed by Affer Id be e State	21. I certify that (I) (this hospital) attended the deceased from to A N 3	, 19 47, that (I) (we) las		
OR ATTENDIN be retained the street of the st	saw the begassed alive on	d on the date stated above		
OR A OF PRECEDING OR A DIRECT MANAGE 3 Ge 3 Ge 4 Wiled Willed Will Willed William Willed William W	22a. SIGNATURE MEO. DIRECTOR DIRECTOR DIRECTOR PHYS.	1-3-11		
may may c, pag c, pag fill	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	ON. MA-		
TO HOSPITAL OR Page 4 may be to FUNERAL DIRIC director, page should be filed to	Cler 1 COLINER 1117-12 Day	n or county) (State)		
101 Pag 101 Pa	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY EMOVAL (Specify) Surial 5 Jan. 67 St Paul Lutheran Aberdeen.	Maryland		
R	24. Funeral Olector Lang Funeral Home 25a. REC'D BY REGISTRAR 25b. REG	ISTRAR'S SICNATURE		
VR A15 (4) 15M 4-64	Aberdeen, Md. DATE JAN O 1001	<u> </u>		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00804 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before o HEALTH DEPT. 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY deloy 1. and 3 to 3. Page 5 death. Harford Maryland MARYLAND Ceci.1 with the State Department within 72 hours after dear b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M.3. write RURAL and give neorest town) Havre de Grace, Md. DOA

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Port Deposit d STREET ADDRESS IS RESIDENCE ON A FARM? fice olong with form in Item 18. Give Poges 1, YES NO Harford Memorial Hospital hours ofter death. 3. NAME OF Middle 4. DATE Month Dov Year DECEASED 0F Wise DEATH (Type or print) January Robert 9. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH F UNDER 24 HRS 7. MARRIED W NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED □4ug.26.1905 Colored Male 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY within 24 any Laborer Virginia IISa 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil = Robert F. Wise, Sr. Sarah Turner 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address be executed or removal. (Yes, no, or unknown) (If yes give wor or dotes of service) 215-05-541 Mrs. Mary Wise. Port Deposit. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE (AUSE (a) Arterioscleroutic cardivascular Disease e, writing the word forworded to the Ch This certificate should cremotion, DHE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse buriol, c 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) please execute the certificate, NO X 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) agent, prior PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 201. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Heur o.m. Not While moy be retained for your FUNERAL DIRECTOR: Poge of work at work 21. I certify that I took charge of the remains described obove, held on Autopsy Inspection K. Inquiry X and in my opinion the funeral director. death resulted fram: Natural causes Accident Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER January 14, 1967 SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 10 **EXAMINER'S** TO FUN. Health o Address (Street, city, town, or county) Bel Air. NAME (Type) Gerald C. Palmer. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Jones Mem. Cemeterv Deposit. Md Port 25b. REGISTRAR'S SIGNATUR **ADDRESS** 2So. REC'D BY REGISTRAR ENNERAL DIRECTOR Musiles 23 VR ATSME (S 1967 6M 1/66

\* 10 K D the state of the s Level & Billing 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY the h b. COUNTY a. STATE after MARYLAND by the b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give mearest town) and completely filled in by emove carbon papers. Pag any event, within 72 hours hours re e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRE DN A FARM? YES NO X executed within 3. NAME OF DATE Month Day Middle Last DECEASED OF DEATH 3196 (Type or print) SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 8. 9. 7. MARRIED TO NEVER MARRIED JAN. 5, 1932 WIDOWED DIVORCED T 35 physician a in please re ival, and in a 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done ! 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) be during most of working life, even if retired) INDUSTRY COUNTRY? Agriculture NEWBUTY: MASS U.S.A Livestock Inspector certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гегоота RAIRST M. Madyman H. Brampton 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) 17. INFORMANT( With ) 838-8090 16. SOCIAL SECURITY NO. Address ö REO# 2, Bury 239-A death mrs. Carolyn A. Woodworth 020-30-1360 BELAIT MAMINUS 21014 455 KOLEAN CONflict 18. CAUSE OF DEATH [Enter only one cause per line for fa), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH certificate has been signed by the contract of the contract of Health prior to burial, cremaint, of Health prior to burial, cremaint. PART I. DEATH WAS CAUSED BY: The law requires that the or attending physician. 2/14/1 **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last, WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO F YES the hospital this certing detached for 20a. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) MEDICAL (State) TIME OF INJURY Month, Day, Year | 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) be de State factory, street, office bldg., etc.) After After Action the State S Hour a.m While Not-White at work at work retained 21. I certify that (I) (this hospital) attended the deceased from 196 19 6 L. that (I) (we) last DIRECTOR: age 3 should lied with the and that death occurred at 1133M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED/ pe STAFF PHYS. ATTENDING director, page should be filed Page 4 may ! M.D. DIRECTOR PHYS. TO FUNERAL 72C. PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THERED 23c. 23d. REMOVAL (Specify) JA: 28 1967 BURELLIEN CEMETER MASSI Grove I mid Hirabel 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) ALE, MAMIAND ZIDIY DATE 15M 4-64

20200 withouted Element Heavilles Par 2594 KD 2 tailing kidmed Wandwarth " Seathery 23-6 have now present to and that white the manual and a And the second of the second o College of the state of the state of the " Chiefel Prespection of the Company of the of the which detrant the starts A THE EMPHASIA WAS ARREST TO SEE THE TANK OF THE TANK OF THE TANK